## Phocolusto

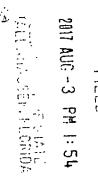
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C. GOLDEN AUG - 8 2017

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: SAME	3 Grove IN	<u>C</u>
DOCUMENT NUMBER: 16 000	66590	<u> </u>
The enclosed Articles of Amendment and fee are sub	omitted for filing.	
Please return all correspondence concerning this mat	ter to the following:	
CHERA	Name of Contact Person	<u> </u>
	Name of Contact Person	
	Firm/ Company	
1455 NW	10.7 Ave	
_ LURAL /-	· Ly 33026	:
·	City/ State and Zip Code	:
E-mail address: (to be us	ed for future annual report	ol, (im notification)
For further information concerning this matter, pleas	e call:	
CHera Lynie Name of Contact Person	at ( 954	237-9149
Name of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for the following amount made p	payable to the Florida Depa	rtment of State:
\$35 Filing Fee	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address  Amendment Section  Division of Corporations	Amend	Address ment Section n of Corporations
P.O. Box 6327		Building

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

## Articles of Amendment Articles of Incorporation of

FILED

SAMB	(-5000	1A) C	2017 AUG - 3 PM 1: 51.
(Name)	of Corporation as	currently filed w	ith the Florida Dept. of State)
Dibono	066540	2	TALLAG SEE FORIDA-
	(Document )	Number of Corpora	tion (if known)
rsuant to the provisions of section 607. Articles of Incorporation:	.1006, Florida Stat	utes, this <i>Florida I</i>	Profit Corporation adopts the following amendme
If amending name, enter the new n	ame of the corpor	ratio <u>n:</u>	
			The new
ime must be distinguishable and con Torp., " "Inc.," or Co.," or the design ord "chartered," "professional associa	nation "Corp," "I	nc, or "Co". A	npany," or "incorporated" or the abbreviation professional corporation name must contain the
Enter new principal office address,			
Principal office address <u>MUST BE A S</u>	TREET ADDRES	<u>iS</u> )	
. Enter new mailing address, if appl			
(Mailing address MAY BE A POST	OFFICE BOX)		
		se	lanida automba nama of the
The state of the state of			orida, enter the name of the
. If amending the registered agent as new registered agent and/or the ne			· _ <del></del>
new registered agent and/or the ne	w registered offic	e address:	
	w registered offic	e address:	
new registered agent and/or the ne	w registered offic	e address:	
new registered agent and/or the ne	w registered offic	e address:	55)
new registered agent and/or the ne	w registered offic	e address:	

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	$\sqrt{}$	Danny, Valdes.	10970 SU 4344
<u></u> ✓ Add		,	Steret,
Remove			migni, F1, 3316s
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			<del></del>
6) Change			
Add			
Damaua			

f amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)		
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an amendment provides for an exch	ange, reclassification, or cr	ncellation of issued shar	<u>es,</u>
orovisions for implementing the amer (if not applicable, indicate N/A)	dment if not contained in	the amendment itself:	
(y nor approach, material inn)			
<del></del>			.=
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The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date <u>if applicable:</u> (no more than 90 days after amendment file date)	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date we document's effective date on the Department of State's records.	ill not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"  (voting group)	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated $7/27/17$	
Signature	
(By a director, president or other officer – if directors or officers have not been	
selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
CHERG, Hymic	
(Typed or printed name of person signing)	
P	

(Title of person signing)