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COVER LETTER

TO: Amendment Section

Amendment Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

Division of Corporations NAME OF CORPORATION: DOCUMENT NUMBER: _ The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: george R. Kopriva Name of Contact Person Firm/ Company Marco Island FL 34145
City/ State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: S35 Filing Fee 43.75 Filing Fee & □\$43.75 Filing Fee & ☐\$52.50 Filing Fee Certified Copy Certificate of Status Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Street Address **Mailing Address**

Amendment Section

Division of Corporations
The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

Article	s of Amendment
<u>);, 0,</u>	ration FII = D on 9 Corporation 2021 HAY 27 PHII: 56
(Name of Corneration as cu	reantly filed with the Florida Depty of State)
` 	082719
	nber of Corporation (if known)
(Document Num	noci of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes its Articles of Incorporation:	s, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation	on: The new
name must be distinguishable and contain the word "corporatio". "Inc.," or Co.," or the designation "Corp," "Inc." or "Corporation" chartered," "professional association," or the abbreviation.	on." "company," or "incorporated" or the abbreviation "Corp.," o". A professional corporation name must contain the word "P.A."
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	N/A
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
D. If amending the registered agent and/or registered offic new registered agent and/or the new registered office ac	
Name of New Registered Agent	N/A
(Floi	ida street address)
New Registered Office Address:	, Florida
	(спу)
New Registered Agent's Signature, if changing Registered Albereby accept the appointment as registered agent. I am fan	Agent: niliar with and accept the obligations of the position.
Signature of i	New Registered Agent, if changing

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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>	Name	Address
1) Change	T	gail Hurchins Lyng	622 Bimini Ave. Marco Foland FL
X Add			Marco Island FL
Remove			34145
2) Change			
Add			
Remove Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

(Attach additional sheets, if necessary)	rticles, enter change). (Be specific)			
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f an amendment provides for an ex- provisions for implementing the an	<u>change, reclassifica</u> nendment if not con	tion, or cancellation tained in the amen	<u>1 of issued shares,</u> dment itself:	
(if not applicable, indicate N/A)				
·				
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			·	

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	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)
Note: If the date inserted in this document's effective date on the E	block does not meet the applicable statutory filing requirements, this date will not be listed as the Department of State's records.
Adoption of Amendment(s)	(CHECK ONE)
★ The amendment(s) was/were ac action was not required.	dopted by the incorporators, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/were ac by the shareholders was/were s	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.
☐ The amendment(s) was/were ap must be separately provided fo	pproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):
"The number of votes cas	st for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
Dated	32 & Kamie
Signature	director, president or other officer – if directors or officers have not been
(By a content of the second	director, president or other officer – if directors or officers have not been
	red, by an incorporator – if in the hands of a receiver, trustee, or other court need fiduciary by that fiduciary)
• • • • • • • • • • • • • • • • • • • •	
	George K. Kupciva
	(Typed or printed name of person signing)
	(Typed or printed name of person signing)