## P16000086219

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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Special Instructions to Filing Officer. J. HORNE
SEP 2 5 2023
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08/22/23--01018--019 \*\*43.75



## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: Preferred R.E.S. In	nc.	
	BER: P16000086219		
	s of Amendment and fee are su	bmitted for filing.	
Please return all corre	espondence concerning this ma	itter to the following:	
	Michele Harris-Carter		
	Preferred R.E.S. Inc.	Name of Contact Person	1
	<del>-</del>	Firm/ Company	
	986A Swan Creek Rd E	i miz company	
		Address	
	Ft Washington, MD 20744		
		City/ State and Zip Cod	e
	newyorkermahc@gmail.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	on concerning this matter, plea	se call:	
Michele Harris-Carte	r	at ( \$13	391-2407
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check f	or the following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee	■\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Am Div P.C	iling Address tendment Section rision of Corporations b. Box 6327 lahassee, FL 32314	Amend Divisio The Co 2415 N	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 ussee, FL 32303

## **Articles of Amendment** Articles of Incorporation

23 AUG 22 M/1. of

oration as currently filed with the Florida Dept. of State).
1 ( OB) ( CO) ( CO
Document Number of Corporation (if known)
Florida Statutes, this Florida Profit Corporation adopts the following amendment(s
the corporation:
The _new
rd "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc," or "Co". A professional corporation name must contain the word abbreviation "P.A."
NA NA
icable: FADDRESS )
<u> </u>
gistered office address in Florida, enter the name of the tered office address:
erec vince wantessi
(Florida street address)
, Florida
(City) (Zip Code)
g Registered Agent:
gent. I am familiar with and accept the obligations of the position.
E C C C C C C C C C C C C C C C C C C C

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.

Frample:

X Change	<u>PT</u>	John Doe	
X Remove	Y	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	Address
l) Change			
Add			
Remove			
2) Change			
Add			
Remove 3 ) Change			
Add			
Remove			
4) Change	<del></del>		
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

(Attach additional sheets, if necessary).	i <mark>cles, enter change(s) here</mark> : (Be specific)
NA	
	·
If an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
NA	
	<del></del>

.

The date of each amendment(s) a	NA doption: if other than the
late this document was signed.	
Effective date <u>if applicable</u> :	
·· <del>-</del>	(no more than 90 days after amendment file date)
<b>Note:</b> If the date inserted in this bedocument's effective date on the D	clock does not meet the applicable statutory filing requirements, this date will not be listed as the epartment of State's records.
Adoption of Amendment(s)	(CHECK ONE)
■ The amendment(s) was/were adaction was not required.	opted by the incorporators, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/were ad by the shareholders was/were so	opted by the shareholders. The number of votes cast for the amendment(s) afficient for approval.
	proved by the shareholders through voting groups. The following statement 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 NA	,"
,	(voting group)
8/18/2023 Dated Signature	itector, president or other officer – if directors or officers have not been
selecte	d, ty an incorporator – if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)
	Michele Harris-Carter
	(Typed or printed name of person signing)
	President and CEO
	(Title of person signing)

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: Preferred R.E.S. In	nc.	
DOCUMENT NUM	D14000094310		
The enclosed Articles	of Amendment and fee are su	abmitted for filing.	
Please return all corre	spondence concerning this ma	atter to the following:	
	Michele Harris-Carter		
		Name of Contact Person	п
	Preferred R.E.S. Inc.		
Firm/ Company			
	986A Swan Creek Rd E		
		Address	
	Ft Washington, MD 20744		
		City/ State and Zip Cod	e
	newyorkermahc@gmail.com		
	E-mail address: (to be u	sed for future annual report	notification)
For further informatio Michele Harris-Carter	n concerning this matter, plea	se call:at (	391-2407
Name of Contact Person			de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made		·
S35 Filing Fee	■S43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divi P.O.	ling Address endment Section sion of Corporations Box 6327 ahassee, FL 32314	Amend Divisio The Co 2415 N	Address ment Section n of Corporations entre of Tallahassee J. Monroe Street, Suite 810 ssee, FL 32303