## 16000088803

| (Requestor's Name)                      |
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Almani,

## COVER LETTER \*1

TO: Amendment Section Division of Corporations

| NAME OF COR         | Meta Homes Inc.  PORATION:   |  |   |                   |
|---------------------|--|--|---|-------------------|
| DOCUMENT N          | P16000088803   |  |   |                   |
| The enclosed Arti   | icles of Amendment and fee are su  | bmitted for filing.  |   |                   |
| Please return all c | correspondence concerning this ma  | tter to the following:   |   |                   |
|                     | Maria Kline  |  |   |                   |
|                     | Meta Homes Inc   | Name of Contact Person   | 1   |                   |
|                     | -  | Firm/ Company  |   |                   |
|                     | 132 Sea Island Lane  | , ,  |   |                   |
|                     | Boca Raton, FL 33431   | Address  |   |                   |
|                     |  | City/ State and Zip Cod  | e   |                   |
| ŀ                   | caratefitness@att.net  |  |   |                   |
| , <del>-</del>      | E-mail address: (to be us  | sed for future annual report                                       | notification) .   | 2019 007 24       |
| For further inform  | nation concerning this matter, pleas   | se call:   |   | 144<br>50<br>47   |
| Maria Kline         |  | 954<br>at (  | 649-1917<br>  | ٠.                |
| N                   | ame of Contact Person  | Area Co  | de & Daytime Telephone Number   |                   |
| Enclosed is a che   | ck for the following amount made   | payable to the Florida Depa  | artment of State:   | <del>ب</del><br>د |
| \$85 Filing Fe      | e S43.75 Filing Fee & Certificate of Status  Sent Culve du  Mailing Address Amendment Section  | □\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | □\$52.50 Filing Fee 'Certificate of Status Certified Copy (Additional Copy is enclosed)   |                   |
| ird jour            | Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | Amenc<br>Divisio<br>Clifton<br>2661 F                              | Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301 |                   |

## Articles of Amendment to Articles of Incorporation of

| of Corporation (if known)  S. Florida Profit Corporation adopts  | tate)   |
|--|---|
| •  |   |
| s Florida Profit Corporation adopts  |   |
| ,  | the following amendment(s) to   |
|  | The new   |
| on," "company," or "incorporated<br>"Co". A professional corporation<br>"P.A."   | l" or the abbreviation  |
| 132 Sea Island Lane  |   |
| Boca Raton, Fl 33431   |   |
|  | SER   |
| same   | 13 AM 9: 22   |
|  | <b>1</b>  |
|  | 9: 22   |
| dress in Florida, enter the name of  | <u>the</u>  |
| <del></del>  |   |
|  |   |
| treet address)   | <del></del>   |
| , Flor   | 33431<br>ida  |
| (City)   | (Zip Code)  |
| t: with and accept the obligations of the obligatio | he position.  |
|  | "Co". A professional corporation "P.A."  132 Sea Island Lane  Boca Raton, Fl 33431  same  lress in Florida, enter the name of ss:  treet address) , Flor (City) |

## 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 <math>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.

| Mike Jones, V as Remov.<br>Example: | e, and Sal   | ly Smith, S    | SV as an Add. |                  |         |
|-------------------------------------|--------------|----------------|---------------|------------------|---------|
| X Change                            | <u>PT</u>    | <u>John Do</u> | <u>e</u>      |                  |         |
| X Remove                            | <u>V</u>     | Mike Jo        | nes           |                  |         |
| X Add                               | <u>SV</u>    | Sally Sn       | <u>ıith</u>   |                  |         |
| Type of Action<br>(Check One)       | <u>Title</u> |                | <u>Name</u>   |                  | Address |
| 1) Change                           |              | _              |               | <br>             |         |
| Add                                 |              |                |               |                  |         |
| Remove                              |              |                |               |                  |         |
| 2) Change                           |              | <del></del>    |               | <br>             |         |
| Add                                 |              |                |               |                  |         |
| Remove                              |              |                |               |                  |         |
| 3 ) Change                          | _            | _              |               | <br>             |         |
| Add                                 |              |                |               |                  |         |
| Remove                              |              |                |               |                  |         |
| 4) Change                           |              |                |               | <br><del>_</del> |         |
| Add                                 |              |                |               |                  |         |
| Remove                              |              |                |               |                  |         |
| 5) Change                           |              | _              |               | <br>             |         |
| Add                                 |              |                |               |                  |         |
| Remove                              |              |                |               |                  |         |
| 6) Change                           |              | _              |               |                  |         |
| Add                                 |              |                |               |                  |         |
| Remove                              |              |                |               |                  |         |

| f an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N/A) | f amending or adding additional Arti<br>Attach additional sheets, if necessary). | (Be specific)  |
|---|--|--|
| provisions for implementing the amendment if not contained in the amendment itself:   |  |  |
| provisions for implementing the amendment if not contained in the amendment itself:   | -  |  |
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| provisions for implementing the amendment if not contained in the amendment itself:   |  |  |
| (if not applicable, indicate N/A)   | an amendment provides for an exch  | hange, reclassification, or cancellation of issued shares. |
|   | (if not applicable, indicate N/A)  | endment if not contained in the amendment itself:          |
|   | (3 47,7  |  |
|   | <u>-</u>   |  |
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| The date of each amendment(s) adopt   | tion:  | , if other than the       |
|---|--|---------------------------|
| date this document was signed.  |  |                           |
| Effective date <u>if applicable</u> :   |  |                           |
|   | (no more than 90 days after amendment file date)   |                           |
| <b>Note:</b> If the date inserted in this block document's effective date on the Depart | c does not meet the applicable statutory filing requirements, this date ment of State's records.                                       | will not be listed as the |
| Adoption of Amendment(s)  | (CHECK ONE)  |                           |
| The amendment(s) was/were adopted<br>by the shareholders was/were suffici               | d by the shareholders. The number of votes cast for the amendment(s) ient for approval.  |                           |
|   | ed by the shareholders through voting groups. The following statement th 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 action was not required.                            | d by the board of directors without shareholder action and shareholder   |                           |
| ☐ The amendment(s) was/were adopted action was not required.                            | d by the incorporators without shareholder action and shareholder  |                           |
| 9/10/2019   |  |                           |
| DatedMar.a/g<br>Signature   | Carrier Labora (II)  |                           |
|   | tor, president or other officer - if directors or officers have not been   |                           |
|   | y an incorporator – if in the hands of a receiver, trustee, or other court fiduciary by that fiduciary)                                |                           |
|   |  |                           |
| Ma  | iria Teresa Kline  |                           |
| <del></del>   | (Typed or printed name of person signing)  |                           |
| Pre   | esident  |                           |
|   | (Title of person signing)  | <del>-</del>              |