TODO MONTH

(Re	questor's Name)	· · · · · ·
(Ād	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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08/30/18--01013--011 **35.00

R. WHITE SEP 0 4 2018 2018 AUG 30 PM 1:53
SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations
OCUMENT NUMBER: P17000022677
the enclosed Articles of Amendment and fee are submitted for filing.
ease return all correspondence concerning this matter to the following:
Name of Contact PASON TMR HUMYMAN SERVICE IVC. Firm/Company WEST Pour BEACH FT. 33415 City/State and Zip Code E-mail address: (to be used for future) annual report notification)
or further information concerning this matter, please call: Jouann Manuary 1534
u.
\$35 Filing Fee
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of Corporations

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment

to
Articles of Incorporation

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J M R HAM	- 1/2 1/V V L	VICE LA	KIRAUG 30	PM 1:53
P (Name of Corpora	ntion as currently filed w		MC OTState) ECRETARY	OF STATE
(Doce	ument Number of Corpora		TALLAHAS	SEE-FL
uant to the provisions of section 607,1006. Flori	ida Statutes, this <i>Florida I</i>	Profit Corporation	adopts the foll	 owing amendmen
rticles of Incorporation:			'a.'	
f amending name, enter the new name of the	corporation:			
e must be distinguishable and contain the warp.," "Inc.," or Co.," or the designation "Condition association," or the	rp." "Inc," or "Co". A			
Enter new principal office address, if applicable applicable to the control of th			*.	
. 33				
				
Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE B</u>	3 <u>0X</u>)			
	<u></u>		*	
	<u></u>		•	
Mailing address MAY BE A POST OFFICE B	tered office address in Fl	orida, enter the n		
Mailing address MAY BE A POST OFFICE B f amending the registered agent and/or regist new registered agent and/or the new registere	tered office address in Fl	1		
	tered office address in Fl	orida, enter the n		
(Mailing address MAY BE A POST OFFICE B If amending the registered agent and/or regist new registered agent and/or the new registere Name of New Registered Agent	tered office address in Fled office address:	MOKENO	ame of the	
(Mailing address MAY BE A POST OFFICE B If amending the registered agent and/or regist new registered agent and/or the new registere	tered office address in Fled office address:	MOKENO	ame of the	334/5

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:	ine, and the	. (27) (17) (17) (17) (17)	
X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	u'
Type of Action (Check One)	Title	JONATAN MOKENO	Address 5257 Amal WA
1) Change	<u>r.</u>	JONAMAN MOKEND	
Add			WEST PALM BENEH
Remove			12 33915
2) Change			
Add			
Remove			
3) Change			¥'
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)	
(Mach dadin(mai sneets, y necessary). (he specific)	
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	us.
If an amendment provides for an exchange, reclassification, or cancellation of issued s	shares,
provisions for implementing the amendment if not contained in the amendment itself	<u>[:</u>
(if not applicable, indicate N/A)	
	·
	· · · · · · · · · · · · · · · · · · ·
	w."

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 document's effective date on the Department of 3	ot meet the applicable statutory filing requirements State's records.	s, this date will not be listed as the
Adoption of Amendment(s) (<u>CH</u>	ECK ONE)	u.
☐ The amendment(s) was/were adopted by the s by the shareholders was/were sufficient for a	shareholders. The number of votes cast for the ame pproval.	ndment(s)
	shareholders through voting groups. The following group entitled to vote separately on the amendmen	
"The number of votes cast for the amen	dment(s) was/were sufficient for approval	
by	ing group)	od.
(voti	ing group)	
☐ The amendment(s) was/were adopted by the baction was not required.	board of directors without shareholder action and sh	nareholder
The amendment(s) was/were adopted by the i action was not required.	incorporators without shareholder action and shareh	older
Dated	<u>g.</u>	*4"
Signature (By a director presi	ident or other officer – if directors or officers have r	
appointed fiduciary	by that fiduciary)	
	Typed or printed name of person signing)	* ′
C		
	PRESIDENT	
	(Title of person signing)	

the