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SECRETARY OF STATE

ANALYSISE FROM THE PROPERTY OF STATE PROPERTY OF STATE



COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: Logserh	ead Homes I	nc
	er: <u>P170000</u>		
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.	
Please return all corres	condence concerning this ma	tter to the following:	
-	North Fort My	Name of Contact Person Homes In Firm/ Company Bun Ln Address ers, Fl 33° City/ State and Zip Code and Sign Code and Si	₹17
For further information	E-mall address: (to be us concerning this matter, pleas		notification)
Chun Jodan	Bladewell Contact Person	at (239) 462-1774 de & Daytime Telephone Number
Enclosed is a check for	the following amount made		
☑ \$35 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)
Ame Divis P.O.	ing Address Indment Section Idon of Corporations Box 6327 hassee, FL 32314	Amend Divisio The Co	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation

of

Losserhad Hours Inc.	FILED
(Name of Corporation as currently	filed with the Florida Dept. of State)
	filed with the Florida Dept. of State) 2024 JUL 23 PH 1: 17
(Document Number of	Corporation (if known) SECRETARY OF
Pursuant to the provisions of section 607.1006. Florida Statutes, this <i>I</i> its Articles of Incorporation:	Torida Profit Corporation adopts the following Subject differents) to
A. If amending name, enter the new name of the corporation:	
N/A	T1
name must be distinguishable and contain the word "corporation," "c "Inc.," or Co.," or the designation "Corp.," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	The new ompany," or "incorporated" or the abbreviation "Corp.," professional corporation name must contain the word
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	N/A
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address:	
Name of New Registered Agent N/A	
New Registered Office Address:	Florida
/	City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w	ith and accept the obligations of the position.
Signature of New Re	gistered Agent, if changing
Check if applicable ☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (

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.

X Change	PT John D	<u>ooe</u>	
X Remove	V <u>Mike J</u>	<u>ones</u>	
X Add	SV Sally S	<u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change		Amber L Blackwell	
Add			
🕺 Remove			
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 Artic (Attach additional sheets, if necessary).	(Be specific)		
		- .	, <u>-</u> .
		, - -	
			- Pro-
			<u>,</u>
		_	
		_	
If an amendment provides for an exch	ange, reclassification, or ca	ancellation of issued sha	res.
provisions for implementing the ame (if not applicable, indicate N/A)	ndment if not contained in	the amendment itself:	
N/A			
		 -	
	<u></u>		
		-	
	,		

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. .

	option:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file	
	(no more than 90 days after amendment file	e date)
Note: If the date inserted in this bl document's effective date on the De	ock does not meet the applicable statutory filing requir partment of State's records.	ements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ado action was not required.	pted by the incorporators, or board of directors without s	hareholder action and shareholder
☐ The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for the fficient for approval.	he amendment(s)
	roved by the shareholders through voting groups. The for each voting group entitled to vote separately on the ame	
	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
Dated 7/1° Signature	9/24	
selected	rector, president or other officer – if directors or officers I, by an incorporator – if in the hands of a receiver, truste ed fiduciary by that fiduciary)	
	Christopher Blackwell (Typed or printed name of person signing)	
	President (Title of person signing)	
	(, a. k	