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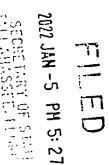
(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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## **COVER LETTER**

TO: Amendment Section

Division of Corporat	ions					
NAME OF CORPORAT	017000	-Castillo, 7	<u>PA</u>			
The enclosed Articles of A	Amendment and fee are su	bmitted for filing.				
Please return all correspor	idence concerning this ma	atter to the following:				
	Leonos	Cashilo Name of Contact Perso				
_	Leono	r Castillo,	PA			
	8484 Sa	ndy Blach	-St.			
	Tamp	a. H. 334	34			
		City/ State and Zip Coo	le			
E-mail address: (to be used for future annual report notification)						
For further information co	ncerning this matter, pleas	se call:				
leonor Ca	Stillo_	at ( <u>83</u>	735-2466			
Name of Co	ontact Person	Area Co	ode & Daytime Telephone Number			
Enclosed is a check for the	following amount made	payable to the Florida Dep	partment of State:			
\$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)			
Amendn Division P.O. Box		Street Address Amendment Section Division of Corporations The Centre of Tallahassee				
т анаћаз	see, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				

## Articles of Amendment to

FILED

Articles of Incorporation

2022 JAN -5 PM 5: 27

	O of	•	MA C- NAC 7707	5: 7
Leonor (astillo,	YA.		SECRETARY OF	\$ T.:
(Name of Corporatio	n as currently	filed with the Florida Dept.	of State) LLAHASSEE. F	<del>t in</del>
<u> </u>	4960	ර්		
(Docume	ent Number of (	Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	Statutes, this FI	orida Profit Corporation add	pts the following amendmen	ıt(s) to
A. If amending name, enter the new name of the cor	rporation:			
Leonor Kearty Grow	o Inc.		The new	
name must be distinguishable and contain the word "co "Inc.," or Co.," or the designation "Corp," "Inc," "chartered," "professional association," or the abbrev	or "Co". A i	mpany," or "incorporated" o professional corporation na	the abbreviation "Corn "	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADD)	RESS )	-		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	V)			
CALL DE LA CONTROL BOX	ע			
	-			
<ol> <li>If amending the registered agent and/or registered new registered agent and/or the new registered of</li> </ol>	d office addres	s in Florida, enter the name	of the	
	Hice Address:			
Name of New Registered Agent		<u> </u>	<del> </del>	
<del></del>	(Florida street		<del></del> .	
N	(r tortaa street	adaress)		
New Registered Office Address:	(Ci		Florida(Zip Code)	
			(Esp Code)	
lew Registered Agent's Signature, if changing Registereds hereby accept the appointment as registered agent. It	tered Agent: am familiar with	h and accept the obligations o	of the position.	
2:	CV D		<del></del>	
Signatu	ure of New Regi.	stered 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	PT	John Do	<u>x</u>	
X Remove	<u>V</u>	Mike Jo	<u>ones</u>	
_X Add	<u>sv</u>	Sally Sr	nith	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	Address
1) Change		_	-	
Add				
Remove				
2) Change	· · · · · ·			
Add				
Remove 3) Change		_		
Add				
Remove				
4) Change		_	·	
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		<del>-</del>		
Add				
Remove				

ttach additional sheets, if necessary).	icles, enter change(s (Be specific)			
-				
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n amendment provides for an exch	ange, reclassificatio	n or cancellation	of lesued shores	
ovisions for implementing the ame	ndment if not contain	ined in the amend	ment itself:	
(if not applicable, indicate N/A)				
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The date of each amendment(s) added this document was signed.	doption:	, if other than the
J		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file da	1e)
Note: If the date inserted in this bedocument's effective date on the De	lock does not meet the applicable statutory filing requirement partment of State's records.	ents, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were add action was not required.	opted by the incorporators, or board of directors without share	cholder action and shareholder
☐ The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the a fficient for approval.	mendment(s)
☐ The amendment(s) was/were app must be separately provided for	proved by the shareholders through voting groups. The follow each voting group entitled to vote separately on the amendm	ving statement ent(s):
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
selected	rector, president or other officer – if directors or officers have laby an incorporator – if in the hands of a receiver, trustee, or ed fiduciary by that fiduciary)	e not been r other court
	Leonor Castillo	
	(Typed or printed name of person signing)	
	Tresident/Owner	
	(Title of person signing)	