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SECRETARY OF STATE
TALLAHASSIE, FL

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: PROOFREADING	BY ELIZABETH: PROFE	ESSIONAL.		
	BER: EDITING SERVICES				
The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all corre	spondence concerning this ma	tter to the following:			
	ELIZABETH WIEGNER				
		Name of Contact Person			
	PROOFREADING BY ELIZ	ABETH			
		Firm/ Company			
	11123 117TH WAY				
		Address	•		
	LARGO, FL 33778				
		City/ State and Zip Code	•		
	elizabethproofs@gmail.com				
	E-mail address; (to be us	sed for future annual report	notification)		
			•		
For further informatio	in concerning this matter, pleas	se call:		(A)	203
JOSEPH SCHMITZ		305 at (975-5798	CRE	2024 AUG 16
Name	of Contact Person	Area Coo	le & Daytime Telephone Number	77	96
Enclosed is a check fo	or the following amount made	payable to the Florida Depa	rtment of State:	RY U	6 F H
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	ECRETARY OF STATE TALLAHASSEE, FL	1 2: 04
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio The Cc 2415 N	Address ment Section n of Corporations entre of Tallahassee J. Monroe Street, Suite 810 ssee, FL 32303		

Articles of Amendment

	10
	Articles of Incorporation
	of
	(Name of Corporation as currently filed with the Florida Dept. of State)
P17000051646	

(Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." 11123 117TH WAY B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) LARGO, FL 33778 C. Enter new mailing address, if applicable: 11123 117FH WAY (Mailing address MAY BE A POST OFFICE BOX) LARGO, FL 33778 D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: (City) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position. Signature of New Registered 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	<u>PT</u> <u>John</u>	n Doe	
X Remove	<u>V</u> <u>Mik</u>	te Jones	
X Add	<u>SV</u> <u>Sall</u>	y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	VP	JONATHAN WIEGNER	H123 117FH WAY
X Add			LARGO, FL 33778
Remove			
2) Change			
Add			
Remove Change			
Add			
Remove			<i></i> ≈
4) Change			TO 74
Add			106 106 1-1
Remove			AUG 16 PM 2 RETURN OF SALLAHASSEE
5) Change			PH 2:
Add			PA C
Remove			
6) Change			
Add			
Remove			

The date of each amendment(s) a date this document was signed.	loption:	, if other than the
C	2()2-4	
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file dater	
Note: If the date inserted in this b document's effective date on the De	lock does not meet the applicable statutory filing requirements, this dipartment of State's records.	ate will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were add action was not required.	pted by the incorporators, or board of directors without shareholder act	ion and shareholder
☐ The amendment(s) was/were add by the shareholders was/were se	pted by the shareholders. The number of votes cast for the amendment flicient for approval.	(s)
	roved by the shareholders through voting groups. The following staten each voting group entitled to vote separately on the amendment(s):	nent
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
8/6/2024 Dated		
Signature	Willled Wiesner	
selecte	rectyr, president or other officer – if directors or officers have not been l, by an incorporator – if in the hands of a receiver, trustee, or other cou ed fiduciary by that fiduciary)	rı
	ELIZABETH WIEGNER	SECOT NE SECOT SECOT NE SECON NE SECOT NE SECON NE SECOT NE SECON NE SECOT NE SECON
	(Typed or printed name of person signing)	
	PRESIDENT	髪です
	(Title of person signing)	MANUE 16 PH 2: 04 SECTION OF STATE SECTI

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