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2022 FEB | 8 AM ||: |5 SECRETARY OF STATE

COVER LETTER

Division of Corporations NAME OF CORPORATION: ALLIED BUSINESS CORP DOCUMENT NUMBER: P17000054060 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: VILLIAM JACOBSOM DEQ Name of Contact Person WILLIAM P SACOKSON P.A.
Firm/ Company Address

W PALM BEACH FO 33401

City/ State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Bull Jacobson at (56) 873-44400
Name of Contact Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed)

Mailing Address

TO: Amendment Section

Amendment Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Street Address

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Articles of Amendment Articles of Incorporation

FILED

2022 FEB 18 AM 11: 15 (Name of Corporation as currently filed with the Florida Dept. of State CRETARY OF STATE TALLAHASSEE, FL (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," con	COLLECTIONES FAX The new
name must be distinguishable and contain the word "corporation, ^ "cor	mpany, " or "incorporated" or the abbreviation "Corp., '
"Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A p	professional corporation name must contain the word
"chartered," "professional association," or the abbreviation "P.A."	
B. Enter new principal office address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	MA
C. Enter new mailing address, if applicable:	
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	
	\
·	
D. If amending the registered agent and/or registered office addres	s in Florida, enter the name of the
new registered agent and/or the new registered office address:	
	P JACORSON
105 5. M	ARCUSSUS AUT + 200 address)
New Registered Office Address: W. PALM BE	Augs Pi Florida 33 401 iiy) izip Code)

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.

New Registered Agent, if changing

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 Doc 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 Doc, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1)Change		_ <u> </u>	<u> </u>
Add		,	
Remove			
2) Change			_
Add			
Remove Change			
Add			
Remove			
4) Change		_	
Add			
Remove			
5) Change		_	
Add			<u></u>
Remove			
6) Change			
Add			
Remove			

F. If 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 WA)	E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	,
provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	NO A
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	provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)
N/A	(y not appreciate interest in the second in
	N/A
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The date of each amendment(s) add	ption:	, if other than the
date this document was signed.	,	
Effective date if applicable:	NIA	
<u></u>	(no more than 90 days after amendme	nt file date)
Note: If the date inserted in this blo document's effective date on the Department	ck does not meet the applicable statutory filing artment of State's records,	requirements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were adop action was not required.	ed by the incorporators, or board of directors with	nout shareholder action and shareholder
☐ The amendment(s) was/were adop by the shareholders was/were suff	ed by the shareholders. The number of votes cast clent for approval.	for the amendment(s)
	oved by the shareholders through voting groups. In the woting group entitled to vote separately on the	
"The number of votes cast fo	r the amendment(s) was/were sufficient for appro	val
by		""
,	(voting group)	_
Dated	2/14/22/	
Signature		
	ctor, president or other officer – if directors or off by an incorporator – if in the hands of a receiver,	
	I fiduciary by that fiduciary)	nustee. of other court
_	(Typed or printed name of person signing	g)
_	(Title of person signing)	