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(Requ	uestor's Name)	
(Addr	ess)	
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(City/	State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Na	me)
(Doct	ument Number))
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MAR 20 2020 S. YOUNG

COVER LETTER

TO: Amendment Section

Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: 1812 NW 10th Ter Cape Coral Ft 33993
City/ State and Zip Code 1. pottery scapes egmail com For further information concerning this matter, please call: at (941) 735 · 2365

Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: ¥\$52.50 Filing Fee S35 Filing Fee ■\$43.75 Filing Fee & □\$43.75 Filing Fee & Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment

to

Articles of Incorporation

of

BHeru As A	Art 2 Inc.		
(Name of Corporation as currently	filed with the Florida Dept. of Stat	te)	
P1700054	797		
	Corporation (if known)		
Pursuant to the provisions of section 607.1006. Florida Statutes, this <i>F</i> its Articles of Incorporation:	Torida Profit Corporation adopts the	following amend	ment(s) to
A. If amending name, enter the new name of the corporation:			
		The n	343U4*
name must be distinguishable and contain the word "corporation," "co "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	ompany," or "incorporated" or the al- professional corporation name mu	hbreviation "Corp).,
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	NA		_
			
		020	
		EB	1
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NA		
			П
		- 1912 - 22 -	- i
			_
D. If amending the registered agent and/or registered office addre	ess in Florida, enter the name of the	,	
new registered agent and/or the new registered office address:		-	
Name of New Registered Agent	NA		
tFlorida stree	a address)		
New Registered Office Address:			_
(C	Сиуг	ійір Содет	
New Registered Agent's Signature, if changing Registered Agent: Thereby accept the appointment as registered agent. I am familiar wi	ith and accept the obligations of the j	osition.	
Signature of New Reg	gistered Agent, if changing		
Z9 . 1 *F . 17 . 13			

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)

Example:

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	<u>PT</u>	John Doe	
\underline{X} Remove	<u>V</u>	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	VP	Laura McDonough	214 SE 19th Street Cape Coral, FL 33990
Add Remove			Cape Coral, FL 33990
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change Add			
Remove			
5) Change			
Add Remove			
6) Change			
Add			
Remove			

icen manierman S.	heets, if necessary). (Be specific) NJA
	<u> </u>
	
	
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ovisions for imp	provides for an exchange, reclassification, or cancellation of issued shares, please the samendment if not contained in the amendment itself:
(if not applica	ble, indicate N/A)
	<u> </u>
	· · · · · · · · · · · · · · · · · · ·

The date of eac	ch amendment(s) adoption: 1.1-2020	if other than th
date this docum	ment was signed.	
Effective date	if applicable:	
	(no more than 90 days after amendment file date)	
	ate inserted in this block does not meet the applicable statutory filing requirements, this date we ective date on the Department of State's records.	rill not be listed as the
Adoption of A	mendment(s) (<u>CHECK ONE</u>)	
The amendn action was n	ment(s) was/were adopted by the incorporators, or board of directors without shareholder action a not required.	nd shareholder
	ment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) eholders was/were sufficient for approval.	
	ment(s) was/were approved by the shareholders through voting groups. The following statement parately provided for each voting group entitled to vote separately on the amendment(s):	
"The n	number of votes cast for the amendment(s) was/were sufficient for approval	
by	. .	
	(voting group)	
	Dated 2 · 24 · 2020	
	Signature april Herrs	
	(By a director, president or other officer – if directors or officers have not been	
	selected, by an incorporator – if in the hands of a receiver, trustee, or other court	
	appointed fiduciary by that fiduciary)	
	April Hours	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	