P17000058488

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(C	ity/State/Zip/Phone #	<u> </u>		
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COVER LETTER

TO: Amendment Section

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

NAME OF CORPORATION: Treusure Coast Delivery, Inc. P- 17000058488 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Name of Contact Person Treswe Coast Deliver, INC.
Firm/ Company 2176 17th Ar Sw.
Address Veno Beach, H 32962
City/ State and Zip Code refountain 1 @ gmail. (om.
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Cosin Francisco Person at (772) 321-6138

Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status Certified Copy (Additional copy is (Additional Copy enclosed) is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

Articles of Amendment to Articles of Incorporation of

to

(Name of Corporation as currently	filed with the Florida Dept. of State)
Treasure Coast: Deliverer Inc - D	oc # P17000058488	;
(Document Number of		
(Bot union Pullion Pul	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 f	following amendment(s
A. If amending name, enter the new name of the corporation:		
name must be distinguishable and contain the word "corporation,	ir Inc	The new
name must be distinguishable and contain the word "corporation.	" "company," or "incorporated" or	r the abbreviation
"Corp.," "Inc.," or Co.," or the designation "Corp." "Inc," or "C	Co". A professional corporation name	e must contain the
word "chartered," "professional association," or the abbreviation "F		
D. Eutonomonical office address if applicables		
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	1 A	· · ·
(Trincipal vijite address <u>Medil BB Helike at HBB Nebos</u>)	NIG	
	,,-	
	***	<u> </u>
C. Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	1 A	المرا لمر
	7) 1,	2
	·	
		· 5
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:	- 1	
Name of New Registered Agent	$P \mid P$	
Name of New Registered Agent		· · · · · ·
(Florida stree	A address)	
New Registered Office Address:	νία , Florida	
	City)	(Zip Code)
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 po	sition.
· · · · · · · · · · · · · · · · · · ·	- ·	
41/	/ (
Signature of New Re.	gistered Agent, if changing	
w v		

If amending the Officers aud/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 Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add)/\O	
Remove		21.	
3) Change			
Add			
Remove			
4) Change			
Add			
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5) Change			
Add			
Remove			·····
6) Change			
Add			
Remove			

ttach additional sheets, if necessary).	. (Be specific)
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an amoudment associates for on over	hange, reclassification, or cancellation of issued shares,
revisions for implementing the am	name, reclassification, or cancenation of issued snares, lendment if not contained in the amendment itself:
(if not applicable, indicate N/A)	CHARLES IT NOT CONTAINED IN THE MINERALITY TO THE
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The date of each amendment(s) adoption: date this document was signed.		NA	, if other than the
Effective date <u>if applicable</u> :	(no more than 90 days after am		
	(no more than 90 days after am	endment file date)	
Note: If the date inserted in this block does a document's effective date on the Department of		iling requirements, this dat	te will not be listed as the
Adoption of Amendment(s) (CI	HECK ONE)		
The amendment(s) was/were adopted by the by the shareholders was/were sufficient for		es cast for the amendment(s)
☐ The amendment(s) was/were approved by the must be separately provided for each voting			nt
"The number of votes east for the ame	·	• •	
by	*· · · · · · · · · · · · · · · · · · ·		
(vo	ting group)		
☐ The amendment(s) was/were adopted by the action was not required.	board of directors without shareho	older action and shareholde	r
☐ The amendment(s) was/were adopted by the action was not required.	incorporators without shareholder	action and shareholder	
Dated 1-3 Signature 27	- 19		
	P7 +.		
Signature / Sy	1 Compa		
(By a director, pres	sident or other officer – if directors		
•	orporator – if in the hands of a reco	eiver, trustee, or other court	
• •	y by that fiduciary)	_	
	(Typed or printed name of person	oun tain	
	(Typed or printed name of person	signing)	· · · · · · · · · · · · · · · · · · ·
	(Title of person signin		
	(Title of person signin	g)	