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SECRETIFIED OF STATE
TALLAHUSSEE

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: SIMPLY SUZETI	TE'S, INC.			
DOCUMENT NUM	D17000067019				
The enclosed Articles	s of Amendment and fee are su	bmitted for filing.			
Please return all corre	espondence concerning this ma	itter to the following:			
	Laura Busch				
		Name of Contact Perso	on .	_	
	SIMPLY SUZETTE'S, INC.				
		Firm/ Company		_	
	400 INDIAN ROCKS RD. N	I. SUITE A			
		Address			
	BELLEAIR BLUFFS, FL 33	3770			
		City/ State and Zip Coo	le	_	
•	support@fafsinc.com				
	E-mail address: (to be us	sed for future annual repor	t notification)		
For further information	on concerning this matter, plea	se call:		2020 SECF TAL	
Laura Busch		at (727	595-8700	APR.	- Tengr
Name	of Contact Person	Area Co	ode & Daytime Telephone Numb	10 PM	, T. ACO.
Enclosed is a check for	or the following amount made	payable to the Florida Dep	partment of State:	W 27 FH 3: 56 WAY OF STATE AHASSEE, FL	
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	SECRETARY OF STATE TALLAHASSEE, FL	
	illing Address		Address dment Section		

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

Articles of Amendment to Articles of Incorporation of

(Name of Corpora	ation as currently filed with the	Florida Dept. of State)	
SIMPLY SUZETTE'S, INC.			
(Doc	rument Number of Corporation (if	known)	. <u>.</u>
Pursuant to the provisions of section 607.1006, Flor its Articles of Incorporation:	ida Statutes, this <i>Florida Profit C</i>	Corporation adopts the fo	llowing amendment(s) to
A. If amending name, enter the new name of the	corporation:		
			The new
name must be distinguishable and contain the word "Inc.," or Co.," or the designation "Corp," "In "chartered," "professional association," or the abb	ic," or "Co". A professional c		
B. Enter new principal office address, if applical	ble:		
(Principal office address MUST BE A STREET A			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE E	BOX)		
D. If amending the registered agent and/or regis	tered office address in Florida	enter the name of the	SEORETA
new registered agent and/or the new registered		<u> </u>	12. 12.
Name of New Registered Agent			800
Think of the Magister en Agest			700
	(Florida street address)		TATE
New Business of Office Addresses		. Florida	,,, 0,
New Registered Office Address:	(City)	, Florida	(Zip Code)
New Registered Agent's Signature, if changing R		at the second	***
I hereby accept the appointment as registered agent	L. I am familiar with and accept t	the obligations of the pos	ution.
Sig	gnature 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)

Remove

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>	John Doc		
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>	Address	
1) Change	VP	Janine Lane	400 INDIAN ROCKS RD. N.	
Add			BELLEAIR BLUFFS, FL 33770	
X Remove				
2) Change				
Add				2923
Remove Change				2023 AFR 2
Add				27 F
Remove			m s	PH S
4) Change			FIATE	56
Add				
Remove				
5) Change				
Add				
Remove			~	
6) Change			 	
Add				

••	4/24/2023	
The date of each amendment(s) adop	tion:	, if other than the
date this document was signed.		
Effective date if applicable:	23	
Ellective date it applicable.	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block document's effective date on the Depart	k does not meet the applicable statutory filing requirements, this date withment of State's records.	ill not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted action was not required.	d by the incorporators, or board of directors without shareholder action an	d shareholder
☐ The amendment(s) was/were adopted by the shareholders was/were suffice	d by the shareholders. The number of votes cast for the amendment(s) itent for approval.	
	red by the shareholders through voting groups. The following statement sh voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for	the amendment(s) was/were sufficient for approval	2023 APR 2 SECRETAI TALLAH
by		PACR A
	(voting group)	S R S
		[1 2 2 1
11/20	//2.2	
Dated 7/ d	1/2013	SEC E
Signaturo	LAND BANGE	PR 27 FN 3: 5 ETARY OF STA- LAHASSEE, FL
	tor, president or other officer – if directors or officers have not been	<u> </u>
	y an incorporator – if in the hands of a receiver, trustee, or other court	
appointed	fiduciary by that fiduciary)	
Lat	ura Busch	
	(Typed or printed name of person signing)	
Pro	esident	
_	(Title of person signing)	