## P170000668463

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## **COVER LETTER**

**TO:** Amendment Section

Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORA	ATION: Phille	p & Wiles	Mertury, Orc.	
DOCUMENT NUMBE	DIAM	0068463		
The enclosed Articles of	Amendment and fee are sul	bmitted for filing.		
Please return all corresp	ondence concerning this mat	tter to the following:		
	Robin	Craw Ford		
_	Phillip	Name of Contact Persor  Y Wiley  Firm/ Company	nortuary, Ouc.	
	310 SR	26		
_	Melsos	Address  (C. FL 3266  City/ State and Zip Code	6	
_	E-mail address: (to be us		Hary a yahoo.com	
For further information	concerning this matter, pleas	se call:		
hobin	Crawford	at ( 478	6/3.3262	
Name of	Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:	
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
	ng Address		Address	
	dment Section	Amendment Section		
	ion of Corporations  Sox 6327	Division of Corporations The Centre of Tallahassee		
P.O. Box 6327 Tallahassee, FL 32314			N. Monroe Street, Suite 810	

Tallahassee, FL 32303

## **Articles of Amendment**

to

## **Articles of Incorporation**

Phillip + Wilou Mortua	su lac.		
(Name of Corporation as current)	y filed with the Florida De	ept. of State)	
P17000068463			
	Corporation (if known)		
Pursuant to the provisions of section 607,1006, Florida Statutes, this a its Articles of Incorporation:	Florida Profit Corporation	adopts the following amendm	ent(s) to
A. If amending name, enter the new name of the corporation:	A1/A	71	
name must be distinguishable and contain the word "corporation," "C"." or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	company," or "incorporated professional corporation	The newThe new	••
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	N/A		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	7021	
D. If amending the registered agent and/or registered office adds	ress in Florida, enter the r	name of the	  
new registered agent and/or the new registered office address	:	Coc P	
Name of New Registered Agent	NIA	E. 2.	
Hume of New Negative Large In			
(Florida str	eet address)		
Non Dominton of Office Addresses		, Florida	
New Registered Office Address:	(City)	, Florida	
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar v  When Signature of New R	: with and accept the obligati ] egistered Agent, if changin		
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>	<u>Doc</u>	
X Remove	<u>V</u> <u>Mike</u>	: Jones	
<u>X</u> Add	SV Sally	<u>Smith</u>	
Type of Action (Check One)	Title	Name	Address
1) Change	CEO	Dmna Smith	P.O. Box 441
Add			Metrose, FL 32666
Remove 2) Change	<u>CFO</u>	Rubin Crawford	P.O. BOX 447
Add  Remove  Change	P	Bernard Phillip, I	Melsose, Fl 32666 <u>f. O. BOX 447</u>
Add Remove 4) Change Add		Ronald Wiley	Metrose, Fl 32666  P. O. Bux 447  Metrose, Fl 32666
Remove 5) Change Add			
Remove  6) Change Add			
Remove			

h additional sheet	s, if necessary). (Be	e specific)			
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amendment prov	des for an exchang	e, reclassification	on, or cancellatio	on of issued sha	res,
visions for impler	nenting the amendm	ent if not conta	ined in the ame	ndment itself:	
(if not applicable,	indicate N/A)				
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The date of each amendment(s) adoption: Wellember 24, 2020 if other than the
date this document was signed.
Effective date if applicable: Retroactive to inception
(no more than 90 days after amendment file date)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
Adoption of Amendment(s) (CHECK ONE)
☐ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):
"The number of votes cast for the amendment(s) was/were sufficient for approval
by
(voting group)
Dated December 26,2020
Signature Robii L. Crawford
(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)
hobin Crawford
(Typed or printed name of person signing)
CFO
(Title of person signing)