P18000007129

	(Requestor's N	ame)
	(Address)	
	(Address)	
	(City/State/Zip/	Phone #)
PICK-U	P 🗌 WA	T MAIL
·	(Business Entit	v Name)
	(Document Nu	nber)
Certified Copies	Certil	cates of Status
Special Instructions	s to Filing Office	
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	Office U	sje Only



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COVER LETTER

TO: Amendment Section

Division of Corporations	
NAME OF CORPORATION:	Enfloria On The Gulf Inc. P18000007129
DOCUMENT NUMBER:	P18000607129
	ment and fee are submitted for filing.
Please return all correspondence	concerning this matter to the following:
	Jason Mc Weal Name of Contact Person
	Name of Contact Person
	P.O. Box 152
	P.O. Box 152 Address Owagiac ML 49047 City/ State and Zip Code
- Is-al	City/ State and Zip Code A Son McNeal 89 @ Yahoo - Com all address: (to be used for future annual report notification)
For further information concerns	
Jason Mc	Weal at (\$50) 899-5727 Person Area Code & Daytime Telephone Number
Name of Contact	Person Area Code & Daytime Telephone Number
Enclosed is a check for the follo	wing amount made payable to the Florida Department of State:
	3.75 Filing Fee & S43.75 Filing Fee & S52.50 Filing Fee Certificate of Status (Additional copy is enclosed) (Additional Copy is enclosed)
Mailing Adda Amendment S Division of Co P.O. Box 6323 Tallahassee, F	Amendment Section Division of Corporations The Centre of Tallahassee L 32314 Amendment Section Division of Corporations The Centre of Tallahassee
	Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

FUFLOORIA ON THE GULF, INC.

	Name of Corporation as currently f	iled with the Florida Dept. of State)	
ρ	18 000007129		
<u> </u>	(Document Number of C	orporation (if known)	
Pursuant to the provisions of sect its Articles of Incorporation:	on 607.1006, Florida Statutes, this Fla	orida Profit Corporation adopts the following amendm	ent(s) to
A. If amending name, enter the	new name of the corporation:		
		The nev	14,
"Inc.," or Co.," or the designa-	nion "Corp," "Inc," or "Co". A pration," or the abbreviation "P.A."	npany," or "incorporated" or the abbreviation "Corp., professional corporation name must contain the word	 d
B. Enter new principal office a	ddress, if applicable:	208 West Highway 48	
(Principal office address MUST	BE A STREET ADDRESS)	208 West Highway 48 Port St Jue. FL 32456	ı
C. Enter new mailing address, (Mailing address MAY BE A		113 West Railroad St. Dowagiac, MI 49047	•
D. If amending the registered a	agent and/or registered office addres		
new registered agent and/or	the new registered office address:		
Name of New Registered	l agent		
	(Florida street	address)	
New Registered Office A	adress:	Florida	
		ity) (Zip Code)	
	ure, if changing Registered Agent: as registered agent. I am familiar with	h and accept the obligations of the position.	
	Signature of New Regi	stered Agent, if changing	
Charles and and			
Check if applicable The amendment(s) is/are being	 g filed pursuant to s. 607.0120 (11) (c)	, 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.

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>	<u>Name</u>	<u>Addres</u> s
I) Change	Vρ	Michelle McNeul	P.O. Bur 152 Downgice, MI 49047
X Add			Dowagice, MI 49047
Remove			
2) Change			
Add			
Remove Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

•		sary). (Be specific)				
 -						
						 ,
					-	
						
					·	
						
F If an amend	ment provides for a	n evchange rectassi	fication, or cancellation	n of issued share	. .	
provisions	for implementing th	e amendment if not	contained in the amen	<u>dment itself:</u>		
Mich	elle Myla Ac	uld Be	noted i	to be	51°%	Sharel
with	Jason	McNeal	noted i	49%	Share	holder
			<u> </u>			
						
						···

The date of each amendment(s)	adoption: $9-20-22$, if other than the
date this document was signed.	
Effective date <u>if applicable</u> :	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this document's effective date on the	block does not meet the applicable statutory filing requirements, this date will not be listed as the Department of State's records.
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
☐ The amendment(s) was/were a action was not required.	dopted by the incorporators, or board of directors without shareholder action and shareholder
(x) The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.
	pproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):
"The number of votes ca	st for the agrendment(s) was/were sufficient for approval
by Moen S	(voting group)
700 .0.	(voting group)
Dated Q-	20-22
Signature	Pasar Smalar
(By s	director, president or other officer - if directors or officers have not been
	red, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)
	Tason S. McWeal (Typed or printed name of person signing)
	1 A
	President
	(Title of person signing)