## P16000001111051

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## COVER LETTER

DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Firm/ Company For further information concerning this matter, please call: 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 &

(Additional copy is

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Mailing Address

**☑** \$35 Filing Fee

TO: Amendment Section

Division of Corporations

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

□\$43.75 Filing Fee &

Certificate of Status

Street Address

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

□\$52.50 Filing Fee

Certified Copy

is enclosed)

(Additional Copy

Certificate of Status

## Articles of Amendment

to

## Articles of Incorporation

B. B.Tura	0,00 N, 0) = 10 DN-	Pvc
(Name of Corporati	ion as currently filed with the Florida Dept. of	State)
DIC	2200 111051	<del>(11212</del> )
T) X(	ment Number of Corporation (if known)	
(130Ca).	nent Humber of Corporation (II known)	
Pursuant to the provisions of section 607.1006, Floridatis Articles of Incorporation:	a Statutes, this Florida Profit Corporation adopts	s the following amendment(s) to
A. If amending name, enter the new name of the co	orporation:	
		The new
name must be distinguishable and contain the wor "Corp.," "Inc.," or Co.," or the designation "Corp word "chartered," "professional association," or the	o," "Inc," or "Co". A professional corporation	d" or the abbreviation name must contain the
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADD		
		15.09
C. Enter new mailing address, if applicable:		AOM
(Mailing address <u>MAY BE A POST OFFICE BO</u>	<u> </u>	
		<del></del>
		00
D. If amending the registered agent and/or registered new registered agent and/or the new registered		<u>f the</u>
-		
Name of New Registered Agent		
	(Florida street address)	<del></del>
New Registered Office Address:	, Flo	orida (Zip Code)
	(ally)	(-4-5-17)
New Registered Agent's Signature, if changing Reg		
I hereby accept the appointment as registered agent.	I am familiar with and accept the obligations of	the position.
Sign	nature of New Registered Agent, if changing	<del></del>

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:	more, una bany ba	un, 57 us un mua.	
X Change	<u>PT</u> <u>Joh</u>	n Doe	
X Remove	<u>V</u> <u>Mil</u>	te Jones	
X Add	<u>SV</u> <u>Sall</u>	y Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	Plas	Barry Roxald	7620 Horaln
Add			Portlice 1 34668
Remove	_		<del>_</del>
2) Change	Pros	Collins, Walter	5445 Ricky Drue Dow Portlide H 34652
Add Add			1 10th 10th 11 de les
Remove 3) Change	VP_	Collins, waster	5445 Richy Drus Du Port Richy H 34650
Add			The but work of odoso
Remove			
4) Change	5	Born Rarold	Porthely H 34068
			-1-117 1815 15 T
Remove			
5) Change			
Add			-
Remove			
6) Change			
Add			·
Remove			

	dding additional Arti sheets, if necessary).	(Be specific)			
					<del></del>
<del>_</del>	<u> </u>				
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an amendmen	t provides for an excl	hange, reclassificat	ion, or cancellatio	n of issued shares,	
provisions fo <u>r</u> i	mplementing the ame	endment if not cont	ained in the amen	dment itself:	
(if not appli	cable, indicate N/A)				
			<u> </u>	<u> </u>	
<del></del> -		<del></del>		<del></del>	
		<del></del>	·	<del> </del>	<del></del>
		·	···	· · · · · · · · · · · · · · · · · · ·	
				<u> </u>	

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date <u>if applicable</u> :	
(no more than 90 days after amendment file date)	
<b>Note:</b> If the date inserted in this block does not meet the applicable statutory filing requirements, this date vidocument's effective date on the Department of State's records.	will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ 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)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 10   25   2019	
Signature Walf Colle, Pres.	
(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)	
Walter Collins	
(Typed or printed name of person signing)	
President	
(Title of person signing)	