P18000028296

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: REVUNS 4 WEE ONES	
DOCUMENT NUMBER: P180000 28 29 U	
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	
Revuns 4 Wee Ones	
133 S- John Sims PKWY	
Valparaso, FC 32580	
City/ State and Zip Code What Yevens Ywelly Com E-mail address: (to be used for future annual report notification)	^ 7 '
For further information concerning this matter, please call:	
Name of Contact Person at (\$50) 389 - 2130 Area Code & Daytime Telephone Number	- : :
Enclosed is a check for the following amount made payable to the Florida Department of State:	· · · · ·
S35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) S43.75 Filing Fee & Certified Copy (Additional Copy is enclosed) S52.50 Filing Fee & Certified Copy (Additional Copy is enclosed)	
Mailing Address Street Address	

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

of

(Name of Corpora	ation as currently filed with the Florida Dept. of State)	
(Doc	cument Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Flor its Articles of Incorporation:	rida Statutes, this <i>Florida Profit Corporation</i> adopts the foll	owing amendment(s)
A. If amending name, enter the new name of the	e corporation:	
name must be distinguishable and contain the word "Inc" or Co.," or the designation "Corp." "It "chartered." "professional association." or the ab	"corporation," "company," or "incorporated" or the abbre nc," or "Co". A professional corporation name must co breviation "P.A."	The new viation "Corp.," ontain the word
B. Enter new principal office address, if applica (Principal office address <u>MUST BE A STREET A</u>	ible: IDDRESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	BOX)	
D. If amending the registered agent and/or reginew registered agent and/or the new register	istered office address in Florida, enter the name of the red office address:	<u> </u>
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:	(City) Florida	(Zip Code)
New Registered Agent's Signature, if changing I hereby accept the appointment as registered agent	Registered Agent: nt. I am familiar with and accept the obligations of the posi	ition.
	Signature of New Registered Agent, if changing	
Check if applicable		

 \square The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

address of each Officer: (Attach additional sheets, Please note the officer/dir P = President: V = Vice I Executive Officer; CFO = President, Treasurer, Dir Changes should be noted	and/or D if necess rector title President Chief Fi ector wou in the for ves the ce	ary) c by the first letter of the office title: ; T= Treasurer; S= Secretary; D= Director; TR= Tr nancial Officer. If an officer/director holds more than dd be PTD. Howing manner. Currently John Doe is listed as the I orporation, Sally Smith is named the V and S. These s.	ustee; C = Chairman or Clerk; CEO = Chief one title, list the first letter of each office held. PST and Mike Jones is listed as the V. There is
X Change	<u>rr</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
(Check One) 1) Change Add	<u>S</u>	Allyson Clark	
Remove 2) Change Add	<u>S</u>	Premy Clark	
Remove Change Add	5	Rylee Torves	
Remove Change Add Remove	_		: : : : : : : : : : : : : : : : : : :
5) Change Add			

____ Remove

6) ____ Change

____ Add

amending or adding additional A tach additional sheets, if necessary,	. (Be specific)			
-				
	<u> </u>			
				
			:-	
an amendment provides for an ex	change reclassification or	cancellation of issued s	hares	
rovisions for implementing the a	nendment if not contained i	n the amendment itself	f:	
(if not applicable, indicate N/A)			-	
				
				

The date of each amendment(s) adoption:	, if other than
date this document was signed.	
Effective date if applicable:	
(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 document's effective date on the Department of State's records.	will not be listed as
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action action was not required.	and shareholder
☐ 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 Kerry Clark & Amnya Torves	
Dated 11 A 2023 Signature	
(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)	ž
Anna Turres	
(Typed or printed name of person signing)	``
TWEOK	· -
(Title of person signing)	12. 27
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