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SECRETAN OF STATE
TALLAHASSEE, FLORIDA

S. YOUNG

COVER LETTER

TO: Amendment Section Division of Corporations		
NAME OF CORPORATION: ENLIGHTE DOCUMENT NUMBER: P 1800005	19092	tas
The enclosed Articles of Amendment and fee are subm		
Please return all correspondence concerning this matter	r to the following:	
Eeika Pe	Name of Contact Person	
	Firm/ Company	
1100 1 1 0 1	•	
448 Lock Ld	Apt 126 Address	
Deerfield Bec	City/ State and Zip Code	147
Emperas 6 a per E-mail address: (to be use	mal. Com	notification)
For further information concerning this matter, please	call:	
	at () de & Daytime Telephone Number
Name of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for the following amount made p	ayable to the Florida Depa	intment of State:
\$35 Filing Fee	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations	Ameno Divisio	Address Iment Section on of Corporations

P.O. Box 6327

Tallahassee, FL 32314

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation

	of
Enlighten	ed creations
(Name of Corporation	n as currently filed with the Florida Dept. of State)
PIRMODI	9042
	ent Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Sits Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the cor	poration:
	The new
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp.," word "chartered," "professional association." or the a	"corporation," "company," or "incorporated" or the abbreviation "Inc," or "Co". A professional corporation name must contain the bbreviation "P.A."
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDR</u>	(ESS)
C. Enter new mailing address, if applicable:	SE 9 1
(Mailing address MAY BE A POST OFFICE BOX	7
	φ, φ, ω
D. If amending the registered agent and/or registered new registered agent and/or the new registered of	
new registered agent antologing new registered of	ince address:
Name of New Registered Agent	
	(Florida street address)
M. D. C. LOW ALL	
New Registered Office Address:	, Florida (City) (Zip Code)
	(inp cine)
New Registered Agent's Signature, if changing Regis	tered Agent:
I hereby accept the appointment as registered agent. I described the second sec	am familiar with and accept the obligations of the position.
Signati	ure of New Registered Agent if changing

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 <math>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 Do	<u>e</u>		
X Remove	<u>v</u>	Mike Jos	nes		
X Add	<u>sv</u>	<u>Şally Sm</u>	<u>nith</u>		
Type of Action (Check One)	<u>Title</u>		Name		<u>Addres</u> s
1) Change		_	ERIKa	tena	448 lock Rd
Add Remove					Apt 126 Deerfield Bearl, FL, 33442
2) Change		_			
Add					
Remove					
3) Change		_			
Add					
Remove					
4) Change					
Add					
Remove					
5) Change		_			
Add					
Remove					
6) Change					
Add					

Attacii attannona	dding addition I sheets, if neces					
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nrovisions for i	nplementing t	<u>ali exclialige, r</u> he amendment	if not contained	r cancellation of in the amendmen	nt itself	
(if not apple	cable, indicate	N/A)	n not comanice	the the amenone	M HSCH.	
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The date of each amendment(s) adop date this document was signed.	tion:, if other than th
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this bloc document's effective date on the Depar	k does not meet the applicable statutory filing requirements, this date will not be listed as the tment of State's records.
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were adopte by the shareholders was/were suffic	d by the shareholders. The number of votes cast for the amendment(s) ient for approval.
	red by the shareholders through voting groups. The following statement is the voting group entitled to vote separately on the amendment(s):
"The number of votes east for	the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
☐ The amendment(s) was/were adopte action was not required.	d by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopte action was not required.	d by the incorporators without shareholder action and shareholder
DatedSignature)-18
selected 6	tor, president or other officer – if directors or officers have not been y an incorporator – if in the hands of a receiver, trustee, or other court fiduciary by that fiduciary)
	(Typed or printed name of person signing)
_	(Title of person signing)