(Requestor's Name)			
(Ad	ldress)		
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(Ci	ty/State/Zip/Phone #	)	
PICK-UP	☐ WAIT	MAIL	
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(Do	ocument Number)		
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I ALBRITTON

### COVER LETTER

NAME OF CORPORATION: SHANKLEY INC.				
DOCUMENT NUMBER: P18000032064				
The enclosed Articles of	Amendment and fee are su	bmitted for filing.		
Please return all correspondence concerning this matter to the following:				
	Deborah H	Name of Contact Person		
	SHANKLEYIN			
		Firm/ Company		
	1576 IVES Da Miami, FL	iry Rd. #407		
	11.	J Address		
	Miami, FL	33179		
		· · · · · · · · · · · · · · · · · · ·	:	
SHANKLEY INCOROL. COM				
E-mail address: (to be used for future annual report notification,				
For further information concerning this matter, please call:				
	Hankins	a. <u>706</u>	991 - 7263 de & Daytime Telephone Number	
Name of Contact Person Area Code & Daytime Telephone Number				
Enclosed is a check for the following amount made payable to the Florida Department of State:				
置\$35 Filing Fee	Cartificate of Status	Certified Copy Additional copy is enclosed)	Certificate of Status Certified Copy (Additional Copy is enclosed)	

**Mailing Address** 

TO: Amendment Section

Division of Corporations

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

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

### Articles of Amendment

20

## Articles of Incorporation

of

SHANKLI	EY INC.				
Name of Corpora	ation as currently	filed with the Florida De	pt. of State)		
P190000 32	2064				
(Doc	ument Number of (	Corporation (if known)			
Pursuant to the provisions of section 607.1006. Flor its Articles of Incorporation:		lorida Profit Corporation	adopts the following	g amendmentt	\$} IC
A. If amending name, enter the new name of the	<u>corporation:</u>				
name must be distinguishable and contain the w "Corp.," "Inc.," or Co.," or the designation "Co. wora "chartered," "professional association," or th	orp," "Inc," or "C	o". A professional corpo			
B. Enter new principal office address, if applicate (Principal office address MUST BE A STREET AL					
C. Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE B	<u>3<i>0X</i></u> )		ATT WAS ELSE	28119 <u>7</u>   13   15   15   15   15   15   15   15	ı
D. If amending the registered agent and/or registered agent and/or the new registered		ss in Florida, enter the na	ame of the	D 85:318	
Name of New Registered Avc:	Florida stree	t address)		-	
New Registered Office Address:		Maria.	, Florida	Code	
New Registered Agent's Signature, if changing R I hereby accept the appointment as registered agent	legistered Agent:	ity) th and accept the obligation		Coder	
	anature of New Re-	victored Accent 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)

Please note the officer/director title by the first letter of the office titte:

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	PT John I	<u>Doe</u>	
X Remove	V Mike	Jones	
X Add	<u>SV</u> <u>Sally</u>	<u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	TRE	THOMAS, HOWARD	1789 NW 604 Ave Sunrise, FL 33313
Add Remove			Sunrise, FL 33313
2) Change Add	TRE	HANKINS, DEBORAH	1576 Ives Dairy Rd. #407
Remove 3 ) Change Add	DIR	THOMAS, HOWARD	Minmi, FL 33179 1789 NW 60th Ave Sunrise, FL 33313
Add Remove  4) Change Add Remove	DIR	HANKIUS, DEBORAH	1576 IVES DAIRY Rd #407 MIAMI, FL 33179
5) Change			
Remove 6) Change Add Remove			

	(Be specific)
	<u> </u>
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If an amendment provides for an exch provisions for implementing the ame	nange, reclassification, or cancellation of issued sna:  ndment if not contained in the amendment itse:
If an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate is a	nange, reclassification, or cancellation of issued spat ndment if not contained in the amendment itser
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The date of each amendate this document was significant.		AUGUST		, if other than the
Effective date <u>if applical</u>		AUGUST	10, 2018	ik·
Note: If the date inserted document's effective date		s not meet the applicable		ents, this date will not be listed as the
Adoption of Amendment	t(s) ( <u>9</u>	CHECK ONE)		
The amendment(s) was			mber of votes east for the a	mendment(s)
The amendment(s) was must be separately pro	s/were approved by ovided for each vot	the shareholders through ing group entitled to vote	n voting groups. The follow e senarately on the amendn	ring statement nent(s)
"The number of v	votes cast for the ar	mendment(s) was/were su	ifficient for approval	
· · · · · · · · · · · · · · · · · · ·	(	voting group)	· · · · · · · · · · · · · · · · · · ·	
The amendment(s) was action was not required		he board of directors with	hout shareholder action and	l shareholder
If he amendment(s) was action was not required		he incorporators without	shareholder action and sha	reholder
	AUGUST	10, 2018	<b></b>	
Signatu	ire Flowa	ard Thomas		
	elected, by an i	resident of other officer -	- if directors or officers hav nds of a receiver, trustee, o	
		Anuard That (Typed or printed name	Mas)	
		Director		
		(Title of po	erson signing)	