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COVER LETTER

TO: Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations NAME OF CORPORATION: _ DOCUMENT NUMBER: ____ The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: For further information concerning this matter, please call: at (______) LJ9 - 9 108

Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: \$52.50 Filing Fee ☐ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & Certificate of Status Certificate of Status Certified Copy Certified Copy (Additional copy is (Additional Copy enclosed) is enclosed) Street Address Mailing Address Amendment Section Amendment Section Division of Corporations Division of Corporations

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation

of		
TWESTA TW	nc.	
(Name of Corporation as currently f	filed with the Florida Dept. of State)	
P18000033		
(Document Number of C		
,		
Pursuant to the provisions of section 607.1006, Florida Statutes, this Fl 0 its Articles of Incorporation:	forida Profit Corporation adopts the following amendment	i(8) to
A. If amending name, enter the new name of the corporation:		
illane	r Ray Ing. The new	
name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered," "professional association," or the abbreviation "P.	" "company," pr "incorporated" or the abbreviation of the abbreviation of the abbreviation of the abbreviation the late."	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		
	25.	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NOV 13	TI
(Mailing address MAT BE A POST OFFICE BOA)		FILED
		III
		ن
D. If amending the registered agent and/or registered office addres	see in Florida, anter the name of the	
new registered agent and/or the new registered office address:		•
Name of Nam Barintana Laura		
Name of New Registered Agent		
(Florida stree	at address)	
() What sie	(1 den 1 33)	
New Registered Office Address:	City) , Florida (Zip Code)	
·		
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent. I am familiar wi	ith and accept the obligations of the position.	

Signature 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)

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: XChange	<u>PT</u>	John_Do	<u>c</u>	
X Remove	<u>V</u>	Mike Jo	<u>nes</u>	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change		_		
Add				
Remove				
2) Change		_		
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change			, <u></u>	
Add				
Remove				
5) Change		_	·	
Add				
Remove				
6) Change		_		
Add				
Remove				

(Attach additional sheets,	if necessary). (Be	enter change(s) here: specific)	
•		e change	
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16	<i>*.</i>	madazzi Gartian on carrollation of issuad charge	
provisions for impleme	enting the amendme	reclassification, or cancellation of issued shares, ent if not contained in the amendment itself:	
(if not applicable, i	ndicate N/A)		
	_		
			
			-
			-

the date of each amendment(s) adoption:, if other than the ate this document was signed.
ffective date if applicable:
(no more than 90 days after amendment file date)
lote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ocument's effective date on the Department of State's records.
doption 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 11/13/2018
Care II land
Signature
selected, by an incorporator - if in the hands of a receiver, trustee, or other court
appointed fiduciary by that fiduciary)
Report. Wayner
(Typed or printed name of person signing)
Prident (Title of person signing)
(Title of person signing)