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Office Use Only



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03/19/21--01005--003 **35.00

COVER LETTER

TO: Amendment Section Division of Corporations	2:57
NAME OF CORPORATION: Matthew Speciment number: P17000454	ST PA
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Matthew 5	ierra
Name of Contact Pe Matthew Si Firm/ Company 6000 SRio Grande Address	erra PA
Ur/ando Fl	32809
	reservices group, com portnotification)
For further information concerning this matter, please call:	
Matthew Sterra at 40 Name of Contact Person Area	7, 9550045 Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida b	Department of State:
S35 Filing Fee S43.75 Filing Fee & S43.75 Filing Fee Certificate of Status Certified Copy (Additional copy is	& \$\Bigsigs \\$52.50 \text{ Filing Fee} \\ Certificate of Status \\ Certified Copy

enclosed)

Mailing Address

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

Street Address

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Certified Copy (Additional Copy

is enclosed)

Articles of Am	endment			
Mathew Si	revia PA			
(Name of Corporation as currently	filed with the Florida Dept. of State)			
P18000045453				
(Document Number of	Corporation (if known)			
Pursuant to the provisions of section 607.1006, Florida Statutes, this F its Articles of Incorporation:	Iorida Profit Corporation adopts the following amendment(s) to			
A. If amending name, enter the new name of the corporation:				
	The new			
name must be distinguishable and contain the word "corporation," "co "Inc.," or Co.," or the designation "Corp," "Inc.," or "Co". A "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)				
D. If amending the registered agent and/or registered office address: Name of New Registered Agent LOOD 5 Right (Florida street)	v Sjerra o Grande Ave suite 202			
New Registered Office Address: OV a voo				

New Registered Agent's Signature, if changing Registered Agent:

1 hereby accept the appointment as registered agent. 1 am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

Check if applicable

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

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)

Example:

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.

X Change	<u>PT</u>	John Do	<u>e</u>		
X Remove	<u>V</u>	Mike Jor	nes		
X Add	<u>sv</u>	Sally Sm	nith		
Type of Action (Check One)	<u>Title</u>		Name		Address
1) Change		_		_	
Add					
Remove					
2) Change		_		_	
Add					
Remove Change		_		<u></u>	
Add					
Remove					
4) Change		_		_	
Add					
Remove					
5) Change		_		_	
Add					
Remove					
6) Change				_	
Add					
Remove					

,	dding additional Art sheets, if necessary).	(Be specific)				
				 		
						
provisions for in	provides for an exc aplementing the am able, indicate N/A)	hange, reclassif endment if not	ication, or cand	ellation of issue amendment it	ed shares, self:	
		<u> </u>	-		-	
		•	. –		-	•

The date of each amendment(s) adoption: _	2/10/21	, if other than the
date this document was signed.	2/10/21	
Effective date <u>if applicable</u> :	(no more than 90 days after amendi	nent file date)
Note: If the date inserted in this block does document's effective date on the Department		g requirements, this date will not be listed as the
Adoption of Amendment(s) (<u>C</u>	CHECK ONE)	
The amendment(s) was/were adopted by the action was not required.	ne incorporators, or board of directors w	rithout shareholder action and shareholder
. The amendment(s) was/were adopted by the shareholders was/were sufficient fo		ast for the amendment(s)
he amendment(s) was/were approved by must be separately provided for each votin		
by Matthew	mendment(s) was/were sufficient for any \sim 5 LeV \sim H	oroval
(r	roting group)	
Dated 3/2	21	
	7	•
selected, by an in	esident or other officer – if directors or occuporator – if in the hands of a receive ary by that fiduciary)	
	Matthew Sier	√ G
	(Typed or printed name of person sign	ning)

(Title of person signing)