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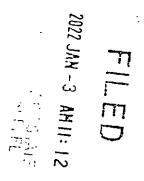
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C. BRUMBLEY
JAN 2 0 2022

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	TION:	RENEA DOWNES PA		
DOCUMENT NUMBER	R:	P18000045904		
The enclosed Articles of .	Amendment and fee are su	bmitted for filing.		
Please return all correspo	ndence concerning this ma	tter to the following:		
		RENEA OSBORNE		
_	Name of Contact Person			
		Firm/ Company		
	1	829 HAWKINS COVE DR	R W	
	Address			
	JACKSONVILLE, FL 32246			
		City/ State and Zip Code		
_		TORRENEA@GMAIL.CC		
	E-mail address: (to be us	ed for future annual report	notification)	
For further information c	oncerning this matter, pleas	se call:		
RENEA OSBORNE		904 at (803-6272	
Name of C	Contact Person	Area Cod	le & Daytime Telephone Number	
Enclosed is a check for the	ne following amount made	payable to the Florida Depa	rtment of State:	
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Fl. 32314		Amendi Division	Address ment Section n of Corporations entre of Tallahassee	

Tallahassee, FL 32303

Articles of Amendment to

Articles of Incorporation

of

RENEA DOWNES, PA

(Name of Corporation as	s currently filed with the Florida Dept. of State)
P180000459	904
(Document	Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statits Articles of Incorporation:	tutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corpor	ration:
name must be distinguishable and contain the word "corpor	ration," "company," or "incorporated" or the abbreviation "Corp.," "Co". A professional corporation name must contain the word on "P.A."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRES	N/A - No Charge
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered of new registered agent and/or the new registered office	M/A - No Charge Minimum Time of the eaddress in Florida, enter the name of the eaddress:
Name of New Registered Agent N/A - N/O	Hange Florida street address)
New Registered Office Address: N/A - N6	(City), Florida
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am Signature of Check if applicable	ed Agent: familiar with and accept the obligations of the position.
Check if applicable The amendment(s) is/are being filed pursuant to s. 607.01	y and the grant y and grant gr

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 Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change	PVPT	RENEA OSBORNE	NO CHANGE
Add			
Remove			
2)Change			
Add			
Remove 3) Change			
Add			· · · · · · · · · · · · · · · · · · ·
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
PLEASE UPDATE LAST NAME FROM DOWNES TO OSBORNE.
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,
provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

•

The date of each amendment(s) a date this document was signed.	doption:	, if other than
Effective date if applicable:		
mappinearite.	(no more than 90 days after amendment file date)	
Note: If the date inserted in this locument's effective date on the D	block does not meet the applicable statutory filing requirements, this department of State's records.	late will not be listed as
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were ad action was not required.	opted by the incorporators, or board of directors without shareholder act	ion and shareholder
The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes cast for the amendment ufficient for approval.	i(s)
must be separately provided for	proved by the shareholders through voting groups. The following statem reach voting group entitled to vote separately on the amendment(s): for the amendment(s) was/were sufficient for approval	nent
by Assess of the boundary	(voting group)	
selecte	irector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other couted fiduciary by that fiduciary) RENEA OSBORNE (Typed or printed name of person signing) PRESIDENT	rt
	(Title of person signing)	

the

the