P18000054395

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PICK-UP WAIT MAIL
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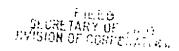
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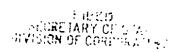


TO: Amendment Section Division of Corporations 2818 AUG -3 AM 11: 86

NAME OF CORPOR	ATION: METES ENTERP	RISES, INC			
DOCUMENT NUMB	P18000054395		·		
The enclosed Articles (of Amendment and fee are si	ibmitted for filing.			
Please return all corres	pondence concerning this ma	itter to the following:			
	WANDY FIGUEROA				
-	 	Name of Contact Person	1		
	METIS ENTERPRISES, INC				
-		Firm/ Company			
	6900 TAVISTOCK LAKES BLVD 400-468				
-		Address			
	ORLANDO, FL 32827				
-		City State and Zip Cod	e ·		
mfo <i>a</i>	efigeo.com				
	E-mail address: (to be u	sed for future annual report	notification)		
For further information	concerning this matter, plea	se call:			
WANDY FIGUEROA		at (492-6091		
Name of Contact Person		Area Co	de & Daytime Telephone Number		
Enclosed is a check for	the following amount made	payable to the Florida Depa	iriment of State:		
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$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			Address Iment Section		
Division of Corporations		Division of Corporations			
P.O. Box 6327 Fallahassee, FL 32314			Building Xecutive Center Circle		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



METIS ENTERPRISES, INC

2018 RUG -3 AM 11: 08

(Name of Corporation as currently	filed with the Florida Dept. of State)
P18000054395	
(Document Number of C	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:	
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Cword chartered professional association," or the abbreviation "P	o" A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	
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:	ss in Florida, enter the name of the
Name of New Registered Agent	
thlorida stree	4 address)
New Registered Office Address;	, Florida
New Registered Agent's Signature, if changing Registered Agent: Thereby accept the appointment as registered agent—I am familiar wi	
Signature of New Re	gistered 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, F. Treasurer, S. Sceretary: D. Director, TR. Trustee: C. Chairman or Clerk: CEO. Chief Executive Officer, CEO. 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 Doc 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 Doc. PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	<u>PT</u>	<u>lhn Doe</u>	
X Remove	<u>V</u> <u>M</u>	ike Jones	
X Add	<u>SV</u> <u>Sa</u>	ally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	Р	LUGO, MARLENE	3900 FLOWERING ORCHID LN
Add			KISSIMMEE, FL 34744
Remove			
2) Change	VР	CASADO, ELIZABETH	3900 FLOWERING ORCHID LN
Add			KISSIMMEE, FL 34744
Remove			
3.1 Change			
Add			
Remove			
4)Change			_
Add			
Remove	-	_	
5) Change			
Add			
Remove			
6)Change			_
Add			
Romana			

F., If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary) — (Be specific)	
PLEASE ADD THE EIN NUMBER TO THE COMPANY RECORDS	83-0948794
	*
F. If an amendment provides for an exchange, reclassification, or can provisions for implementing the amendment if not contained in th	reglation of issued shares, to amendment itself:
(if not applicable indicate N A)	and the second s
-	
-	

	07/15/2018	
The date of each amendment		, if other than the
date this document was signed.		
Effective date if applicable:	07/15/2018	
	(no more than 90 days after an	nendment file date)
	this block does not meet the applicable statutory he Department of State's records.	filing requirements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/wer by the shareholders was/we	re adopted by the shareholders. The number of vot ere sufficient for approval.	es east for the amendment(s)
	re approved by the shareholders through voting gro od for each voting group entitled to vote separately	
"The number of votes	s cast for the amendment(s) was/were sufficient for	approval
by	(voting group)	<u> </u>
• ————	(voting group)	
action was not required.	re adopted by the board of directors without sharehore adopted by the incorporators without shareholde	
action was not required.		
07/15 Dated	//2018	
Signature	Aladeth Casalo	
(H	By a director, president or other officer – if director elected, by an incorporator – if in the hands of a recopointed fiduciary by that fiduciary)	
	ELIZABETH CASADO	
	(Typed or printed name of person	signing)
	PRESIDENT	
	(Title of person signi	ng)

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