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SECRETARY OF STATE, BALLAHASSEE, FI OBIR,

JUL 20-2013 T. LEVIEUX



## **COVER LETTER**

TO: Amendment Section 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: City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Victor Madeira Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy (Additional Copy enclosed)

## **Mailing Address**

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

# **Street Address**

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

is enclosed)

# **Articles of Amendment**

Articles of In	corporation
IITS	ctions Too
(Name of Corporation as current	tly filed with the Florida Dept. of State)
T IXOCOC	256031
(Document Number of	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending pame, enter the new name of the corporation:	
NA	
V / V	The new
name must be distinguishable and contain the word "corporatio "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or	
word "chartered," "professional association," or the abbreviation	
projection account to the second	111
B. Enter new principal office address, if applicable:	<u> 10 1/5</u>
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	
C. Enter new mailing address, if applicable:	NIA
(Mailing address <u>MAY BE A POST OFFICE BOX</u> )	_{\begin{align*}
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office addres	
. / : 1 .	
Name of New Registered Agent VI(1)/ MU	alira
1100 NE 200	in Christ not aliva
4(O) N ( O)	rout address (X(XO)
A 4.50	/22 2 _
New Registered Office Address: MI(LIV)	, Florida 33157
	(City) (Zip Code)
	A. S.
New Registered Agent's Signature, if changing Registered Agent	
hereby accept the appointment as registered agent. I am familiar	with and accept the obligations of the partion.
1	with and accept the obligations of the pashion.
1/2 1/0	
Witten Mandeen	<u> </u>
Signature of New I	Registered Agent, if changing
l	<b>&gt;</b> □

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: 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>	Name	<u>Addres</u> s
i) Change	P	Kaitlyn Szuba	460 NE 128+ Street
Add			Mjani, FL, 33137
Remove			W/2405
2) Change	P	Victor Madeira	460 NE 28th street
Add			Miam, PL, 3331
Remove			4/ 2(00)
3 ) Change			
Add			
Remove			
4) Change			
Add			<del></del>
Remove			
5) Change			
Add			
Remove			<del></del>
6) Change			
Add			
Remove			

E. If amending or adding additional Arti	cles, enter change	e(s) here:			
(Attach additional sheets, if necessary).	(Be specific)				
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F. If an amendment provides for an exch	<u>ange, reclassitica</u>	ition, or cancel	lation of issued s	nares,	
provisions for implementing the ame	<u>ndment if not con</u>	<u>itained in the a</u>	<u>mendment itself:</u>		
(if not applicable, indicate N/A)					
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The date of each amendment(s) adoption: FY 1004 13th 208 . if other than the date this document was signed.
Effective date if applicable: Friday July 13th 2018  (no more than 90 days after amendment file date)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were adopted by the shareholders. The number of votes east 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 Cully Surating 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 7/13/18
Signature Lattum Sura Luta Mulling  (By a director, president or other officer – if directors or officers have not been
selected, by an incorporator – if in the hands of a receiver, trustee; or other court appointed fiduciary by that fiduciary)
(Typed or printed name of person signing)
President
(Title of person signing)