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| Special Instructions to Filing Officer: |
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## **COVER LETTER**

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TO: Amendment Section

| NAME OF CORPORATION:  Mailing Address  Amendment and fee are submitted for filing.  Please return all correspondence concerning this matter to the following:  Mailing Address  Amendment and fee are submitted for filling.  Cartery Graph G | Division of Corporations   |
|--|--|
| Please return all correspondence concerning this matter to the following:    Add   Add   Add   Address   | DIAMAGERIA   |
| Firm/ Company  Firm/ Company  Tel  Address  West of Gold Filt 335 7 4  City/ State and Zip Code  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Area Code & Daytime Telephone Number  Enclosed is a check for the following amount made payable to the Florida Department of State:  As Filing Fee Secrificate of Status  Certified Copy (Additional copy is enclosed)  Mailling Address  Street Address  Street Address  Street Address  | The enclosed Articles of Amendment and fee are submitted for filing.   |
| Address  Address  City/ State and Zip Code  Dege Good De | Please return all correspondence concerning this matter to the following:  |
| Address  Address  City/ State and Zip Code  Dege Good De | Madege Andre<br>Name of Contact Person   |
| Address  Address  City/ State and Zip Code  Dege Good De | Firm/ Company  |
| City/ State and Zip Code  Degree Code  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Mame of Contact Person  Area Code & Daytime Telephone Number  Enclosed is a check for the following amount made payable to the Florida Department of State:  Degree Code  Status Code & Daytime Telephone Number  Enclosed is a check for the following amount made payable to the Florida Department of State:  Certificate of Status  Certified Copy  (Additional copy is Certified Copy  (Additional Copy is enclosed)  Mailing Address  Street Address   | EM3/1 200/01/11/201  |
| E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:   |  |
| E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:   | Wesley Chapel FL 33544   |
| For further information concerning this matter, please call:    Accord   Ac | City/ State and Zip Code   |
| Name of Contact Person  Area Code & Daytime Telephone Number  Enclosed is a check for the following amount made payable to the Florida Department of State:  S35 Filing Fee  Certificate of Status  (Additional copy is enclosed)  Mailing Address  Street Address   | E-mail address: (to be used for future annual report notification)   |
| Name of Contact Person  Area Code & Daytime Telephone Number  Enclosed is a check for the following amount made payable to the Florida Department of State:  S35 Filing Fee  S43.75 Filing Fee & S52.50 Filing Fee Certificate of Status  Certified Copy  (Additional copy is enclosed)  (Additional Copy is enclosed)  Mailing Address  Street Address  | For further information concerning this matter, please call:   |
| S35 Filing Fee Scrifficate of Status Certified Copy Certificate of Status (Additional copy is enclosed)  Mailing Address  S43.75 Filing Fee Scriffied Copy Certified Copy (Additional Copy is enclosed)  Street Address  |  |
| Certificate of Status  (Additional copy is Certified Copy enclosed)  (Additional Copy is enclosed)  (Additional Copy is enclosed)  Mailing Address  Street Address   | Enclosed is a check for the following amount made payable to the Florida Department of State:                            |
|  | Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy |
| Amendment Section Amendment Section  | Mailing Address Amendment Section  Street Address Amendment Section  |

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Clifton Building

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

## **Articles of Amendment**

to

## Articles of Incorporation of

| Manyon Cater   |                         | ullica +                | - 2 ( 25)                           | arate                            | · d      |
|--|-------------------------|-------------------------|-------------------------------------|----------------------------------|----------|
| (Name of Corpor  | ation as currently f    | iled with the Florida   | <u> </u>                            | <u> </u>                         | <u> </u> |
| P1900005900  | <del></del>             |                         | <u></u> ,                           |                                  |          |
| (Doc   | cument Number of C      | orporation (if known)   |                                     |                                  |          |
| Pursuant to the provisions of section 607.1006, Florits Articles of Incorporation:   | rida Statutes, this Flo | orida Profit Corporati  | on adopts the foll                  | owing amendmer                   | nt(s) to |
| A. If amending name, enter the new name of the   | corporation:            |                         |                                     |                                  |          |
|  |                         |                         |                                     | The new                          |          |
| name must be distinguishable and contain the w<br>"Corp" "Inc.," or Co.," or the designation "Co<br>word "chartered," "professional association," or t | orp," "Inc," or "Co     | ". A professional co    | corporated or to reporation name is | ne abbreviation ust contrain the | 7        |
| B. Enter new principal office address, if applica  |                         |                         |                                     | <u> </u>                         | 'M       |
| (Principal office address <u>MUST BE A STREET A</u>  | <u>DDRESS</u> )         |                         |                                     | Pro Page                         | 1        |
|  |                         |                         |                                     |                                  |          |
|  |                         |                         | <del></del>                         | <u> </u>                         |          |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I   | DAN:                    |                         |                                     |                                  |          |
| (Stating dates) SIAT BE A POST OFFICE I  | <u>10A</u> )            |                         |                                     |                                  |          |
|  |                         |                         | <del>-</del>                        |                                  |          |
|  |                         |                         |                                     |                                  |          |
| D. If amending the registered agent and/or registered agent and/or the new registered  |                         | s in Florida, enter the | name of the                         |                                  |          |
| Name of New Registered Agent   |                         |                         |                                     |                                  |          |
| name of New Registered Agent   | <del></del>             |                         |                                     | <del></del>                      |          |
| <del> </del>   | (Florida street         | address)                |                                     |                                  |          |
| New Registered Office Address:   |                         |                         | . Florida                           |                                  |          |
| registered Office Address.   | (Ci                     | (ty)                    |                                     | (Zip Code)                       |          |
|  |                         |                         |                                     |                                  |          |
|  |                         |                         |                                     |                                  |          |
| New Registered Agent's Signature, if changing R<br>I hereby accept the appointment as registered agent   |                         | s and accept the obliga | itions of the positi                | ion.                             |          |
|  | Ž                       |                         |                                     |                                  |          |
|  |                         |                         |                                     |                                  |          |
| C  | ananyo at V P           | internal torres Habitan | ·                                   |                                  |          |
| SI;  | gnaune oj ivew kegi     | istered Agent, if chang | mg                                  |                                  |          |

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.

| Mike Jones, V as Remove<br>Example: | e, and Sal               | ly Smith, SV as an Add.                         |     |
|-------------------------------------|--------------------------|---|-----|
| X Change                            | <u>PT</u>                | John Doe  |     |
| X Remove                            | $\underline{\mathbf{V}}$ | Mike Jones                                      |     |
| X Add                               | <u>sv</u>                | Sally Smith                                     |     |
| Type of Action<br>(Check One)       | <u>Title</u>             | <u>Name</u> <u>Address</u>                      |     |
| 1) Change                           | 7                        | Daviclar Andre 5031 Windingbrook Westerl Charel | くてで |
| Add<br>Remove                       |                          | FL 33544  |     |
| 2) Change                           |                          |   |     |
| Add                                 |                          | <del></del>                                     |     |
| Remove                              |                          |   |     |
| 3 ) Change                          |                          |   |     |
| Add                                 |                          |   |     |
| Remove                              |                          |   |     |
| 4) Change                           |                          | <del></del>                                     |     |
| Add                                 |                          |   |     |
| Remove                              |                          |   |     |
| 51 Change                           |                          |   |     |
| Add                                 |                          |   |     |
| Remove                              |                          |   |     |
| 6) Change                           |                          |   |     |
| Add                                 |                          |   |     |
| Remove                              |                          |   |     |

| Attach additional sheets, if necessary).                                  | (Be specific)   |
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| t an amenument provides for an exem                                       | auge, reciassification, or cancellation of issued snares. |
| provisions for implementing the amer                                      | ndment if not contained in the amendment itself:          |
| provisions for implementing the amer<br>(if not applicable, indicate N/A) | ndment if not contained in the amendment itself:          |
| provisions for implementing the amen                                      | ndment if not contained in the amendment itself:          |
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| provisions for implementing the amen                                      | ndment if not contained in the amendment itself:          |
| provisions for implementing the amen                                      | ndment if not contained in the amendment itself:          |

| The date of each amendment(s) adoption:  | , if other than the         |
|--|-----------------------------|
| date this document was signed.   |                             |
| Effective date if applicable:  |                             |
| (no more than 90 days after amendment file date)   |                             |
| <b>Note:</b> If the date inserted in this block does not meet the applicable statutory filing requirements, this dat document's effective date on the Department of State's records.                             | e will not be listed as the |
| Adoption 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):       | nt                          |
| "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.  | r                           |
| ☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.   |                             |
| Dated_10/25/19   |                             |
| Signature  |                             |
| (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)  |                             |

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