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(Requestor's Name)	_
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PICK-UP WAIT MAIL	
	_
(Business Entity Name)	
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Certified Copies Certificates of Status	_
Special Instructions to Filing Officer:	٦
Special instructions to Filing Officer.	
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Office Use Only



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COVER LETTER

TO: Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

NAME OF CORPORA	ATION: Earthorne Inc				
	er: <u>P1800006</u>	4526			
The enclosed <i>Articles o</i>	f Amendment and fee are su	ibmitted for filing.			
Please return all corresp	oondence concerning this ma	itter to the following:			
	<u>-</u>	Paulina Ampe Name of Contact Person	1/4/0		
_		Name of Contact Person	1		
		Ear-thomas Firm/Company	luc		
_		Firm/ Company			
	4211 N. Ri	ver vew Address			
-	<u> </u>	Address			
		Tampa, Floric	la 23607		
_		City/ State and Zip Cod-	e		
		· ·			
_	1	u@earthone			
	E-mail address: (to be u	sed for future annual report	notification)		
for further information	concerning this matter, plea	se call:			
Paulin	ia Amparan.o	m 813	, 2417966	2	
Name of	Contact Person	Area Co			
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enclosed is a check for i	the following amount made	payable to the Florida Depa	artment of State:	51.01 VI 2.15 81.01 VI 2.15	•
☑ \$35 Filing Fee	□\$43.75 Filing Fee &	□\$43.75 Filing Fee &	□\$52.50 Filing Fee	1 2.	1
	Certificate of Status	Certified Copy	Certificate of Status	,	-
		(Additional copy is	Certified Copy	1. 1. 1. 1. 1.	-
		enclosed)	(Additional Copy is enclosed)	411 9: 41 5: ATE	
34	ng Address	£	A Admone	1 - 1	
	dment Section		Address ment Section		
	on of Corporations		n of Corporations		

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

Articles of Amendment

to

Articles of Incorporation

Earthone	Inc
<u> </u>	• • • •

(Name of Corpor	ation as current	tly filed	with the	Florida D	ept. of State

P18000064526 (Document Number of Corporation (if known)

. If amending name, enter the new nam	ne of the corporation:	
		The new
	rp, " "Inc," or "Co"	company," or "incorporated" or the abbreviation "Corp., A professional corporation name must contain the word."
B. Enter new principal office address, if applicable:		4211 N. River view Ave
rincipal office address <u>MUST BE A STI</u>	REET ADDRESS)	7211 N. River New Ave Tampa, Florida 33607
Enter new mailing address, if applica	able:	
(Mailing address MAY BE A POST O		7211 N. River view Ave Tampa, Florida 33607
		Tampa, Florida 33607
		,
If amending the registered agent and new registered agent and/or the new	registered office address	<u>s:</u>
	registered office address Paulina f	amparan o
new registered agent and/or the new	registered office address Paulina f	amparan o
new registered agent and/or the new	Paulina f 4211 N · Riv (Florida sn	Amparano ver view Ave TEST TO THE TEST TO
new registered agent and/or the new	registered office address Paulina f	Amparano ver view Ave reel address) Florida 33607
Name of New Registered Agent	Paulina f 4211 N · Riv (Florida sn	Amparano Ver View Ave reel address) Florida 33607 (City) (Zip Code)
Name of New Registered Agent	Paulina f 4211 N · Riv (Florida sn	Amparano Ver View Ave reel address) Florida 33607 (City) (Zip Code)
Name of New Registered Agent New Registered Office Address: ew Registered Agent's Signature, if cha	Paulina f Paulina f A211 N · Riv (Florida sn Tampa	Amparano Ver View Ave reel address) Florida 33607 (City) (Zip Code)
new registered agent and/or the new Name of New Registered Agent New Registered Office Address: ew Registered Agent's Signature, if cha	Paulina f Azli N. Riv (Florida sn Tampa) Inging Registered Agent and agent. I am familiar so	Amparano Ver View Ave reel address) Florida 33607 (City) (Zip Code)

Check if applicable

 \Box 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)

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	PT John D	<u>00e</u>	
X Remove	<u>V</u> <u>Mike J</u>	<u>ones</u>	
X Add	SV Sally S	<u>mith</u>	
Type of Action (Check One)	<u>Title</u>	Name	Address
l) Change	Agent	Zachanias CPA Group, PA	600 N Willow Ave
Add			STE 301 Tampa FL
X Remove			33606
2) Change	Agent	Paulina Amparano	7211 N. Rivar Wew Are
<u></u> ★ Add		·	Jampa FL 33607
Remove 3) Remove			
Add			
Remove			
4) Change			(C) N
Add			
Remove			AUG -
5) Change			
Add			
Remove			<u></u>
6) Change			· ·
Add			
Remove			

amending or adding additional A ttach additional sheets, if necessary). (Be specific)			
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an amendment provides for an ex	change, reclassificatio	n, or cancellation o	f issued shares,	
rovisions for implementing the ar (if not applicable, indicate N/A)	nendment if not contai	ined in the amendn	<u>ient itself:</u>	
(i) not applicance, material way				
				<u> </u>
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				SECULT TAILL
				
				-, <u>-</u>
				5
				
		<u> </u>		

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable: 1~MEDISTE AFTER FLIX (no more than 90 days after amendm	16
(no more than 90 days after amendm	ent file dater
Note: If the date inserted in this block does not meet the applicable statutory filing document's effective date on the Department of State's records.	requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of directors wit action was not required.	hout shareholder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders. The number of votes case by the shareholders was/were sufficient for approval.	t for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. must be separately provided for each voting group entitled to vote separately on the	
"The number of votes cast for the amendment(s) was/were sufficient for appro	oval
by(voting group)	<u></u> ."
(voting group)	
Signature (By a director, president or other officer if directors or of selected, by an incorporator – if in the hands of a receiver, appointed fiduciary by that fiduciary)	
TAU DO SUGA SAU ZA (Typed or printed name of person signing)	<i>n</i> .
OWA EN / TOURSEN PARTY	
(Title of person signing)	

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