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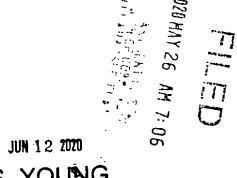
(Requestor's Name)
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PICK-UP WAIT MAIL
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S. YOUNG

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	DRATION: Lynn DeSantis In	ic		
DOCUMENT NUM	P18000069825			
The enclosed Article	es of Amendment and fee are su	bmitted for filing.		
Please return all corr	respondence concerning this ma	itter to the following:		
	Bernard Ribordy			
		Name of Contact Persor	1	
	Ribordy and Associates, Ir	nc		
	·	Firm/ Company		
	8780 Seminole Blvd	, , , ,		
	<del></del>	Address		
	Seminole, FL 33772			
		City/ State and Zip Code	2	
	brib165259@aol.com			
	E-mail address: (to be us	sed for future annual report	notification)	
For further informati	ion concerning this matter, plea	se call:		
Bernard Ribordy		727 at (	397-9200	
Name of Contact Person			de & Daytime Telephone Number	
Enclosed is a check	for the following amount made	payable to the Florida Depa	artment of State:	
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address			Address	
Amendment Section		Amendment Section		
Division of Corporations		Division of Corporations The Centre of Tallahassee		
P.O. Box 6327 Tallahassee, Ft. 32314		2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

Lynn DeSantis Inc		
(Name of Corporation as curren	tly filed with the Florida Dept. of S	State)
P18000069825		
(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, thi its Articles of Incorporation:	s Florida Profit Corporation adopts	the following amendment(s) to
A. If amending name, enter the new name of the corporation:		
		The new
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co", "chartered," "professional association," or the abbreviation "P.A	A professional corporation name	e abbreviation "Corp.,"
B. Enter new principal office address, if applicable:	1602 Achieva Way	20
(Principal office address MUST BE A STREET ADDRESS)	Dunedin, FL 34698	
		∑::
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	409 N Duncan Ave	
	Clearwater, FL 33755	
		<del></del>
D. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office addre		<u>the</u>
Name of New Registered Agent		
Mine by new negative angent		
(Florida s	treet address)	
New Registered Office Address:	, Flor	-izta
New Registered Conice states.	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familian		he position.
Signature of Von	Registered Agent, if changing	
Signature of New	Registered Agent, if changing	

Check if applicable

☐ 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)

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 Do	<u>e</u>	
X Remove	$\underline{V}$	Mike Jor	nes	
X Add	<u>sv</u>	Sally Sm	<u>rith</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
1) Change		_		
Add				
Remove				
2) Change		_		
Add				
Remove 3 ) Change		_		
Add				
Remove				
4) Change	_			
Add			_	
Remove				
5) Change				
Add		_		
Remove				
6) Change		_		
Add				
Remove				

Attach daamonal si	ling additional Arti heets, if necessary).	(Be specific)				
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				····		
			_			
provisions for imp	rovides for an exch elementing the ame	ange, reclassifi ndment if not c	cation, or cance ontained in the	ellation of issued amendment itse	shares, eff:	
(if not applicat	ble, indicate N/A)					
			<u>-</u>			
				-·		<u> </u>

	5/20/2020	
The date of each amendment		, if other than the
date this document was signed		
Effective days if an affection	5/20/2020	
Effective date <u>if applicable</u> :	(no more than 90 days after an	nendment file date)
	his block does not meet the applicable statutory ne Department of State's records.	filing requirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/wer action was not required.	e adopted by the incorporators, or board of direct	ors without shareholder action and shareholder
☐ The amendment(s) was/wer by the shareholders was/w	e adopted by the shareholders. The number of voere sufficient for approval.	otes cast for the amendment(s)
	e approved by the shareholders through voting gr d for each voting group entitled to vote separately	
"The number of votes	cast for the amendment(s) was/were sufficient fo	r approval
by		
-,	(voting group)	
5/22/2	020	
Dated		
Signature	y a director, president or other officer – if director	rs or officers have not been
se	lected, $b \dot{y}$ an incorporator – if in the hands of a re-	
ar	pointed fiduciary by that fiduciary)	
	Lynn DeSantis	
	(Typed or printed name of persor	n signing)
	President	
	(Title of person signing)	