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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: 0206 Enterprises	Inc.		
DOCUMENT NUMB	ER: P18000074243			
	of Amendment and fee are su	ibmitted for filin	Ř.	
Please return all corres	pondence concerning this ma	tter to the follow	ring:	
	William Marshall			
•		Name of Co	ntact Person	1
		Firm/ Co	ompany	
	8509 Andover Bridge Ct.			
		Add	ress	
	Orlando, FL. 32829			
		City/ State at	nd Zip Code	2
williar	n@williamfelicia.com			
	E-mail address: (to be us	sed for future an	nual report	notification)
For further information	concerning this matter, pleas	se call:		
Felicia Knight		at (107	885-9301 de & Daytime Telephone Number
Name o	f Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the F	lorida Depa	irtment of State:
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Fili Certified C (Additional enclosed)	ору	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			Amend Divisio Clifton	Address Iment Section In of Corporations Building xecutive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

20/	<u>/</u>	//	
1977 A	OCT /	10	ł
of State)		1.49	-

0206 Enterprises Inc.

(<u>Name</u>	of Corporation as curren	tly filed with the Florida Dept. of State)	4.9	
P18000074243		· jag		
	(Document Number	of Corporation (if known)	V	
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, thi	s Florida Profit Corporation adopts the following amer	ndment(s) to	
A. If amending name, enter the new n	ame of the corporation:			
Enterprises 0206 Inc.		The	new	
	nation "Corp." "Inc." or	on," "company," or "incorporated" or the abbrevie "Co". A professional corporation name must contain	ation	
B. Enter new principal office address	if applicable:	3364 Somerset Park Dr.		
(Principal office address MUST BE A.S.		Orlando, FL. 32824	_	
			<u></u>	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		3364 Somerset Park Dr.		
		Orlando, FL. 32824		
			_	
D. If amending the registered agent a	nd/or registered office ad-	dress in Florida, enter the name of the		
new registered agent and/or the ne				
Name of New Registered Agent				
	3364 Somerset Park D	r.		
	(Florida s	treet address)		
New Registered Office Address:	Orlando	32824 . Florida		
		(City) (Zip Code)		
New Registered Agent's Signature, if a larger large	tered agent. Lam familiar	it: with and accept the obligations of the position.		
	. ,	,		
	Signature of New	Registered 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; 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	V	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change	P	William Marshall	3364 Somerset Park Dr.
Add			Orlando FL. 32824
Remove			
2) X Change	S	Felicia Knight	3364 Somerset Park Dr.
Add			Orlando FL. 32824
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change		_	
Add			
Remove			

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
<u> </u>	
f un amendment provides for an exch	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

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)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.	fill 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):	
"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.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required. Dated 9/20/2018	
selected, by an incorporator - if in the hands of a receiver, trustee, or other court	
appointed fiduciary by that fiduciary) Washell Application C. Massell	
(Typed or printed name of person signing)	
President 1	
(Title of person signing)	