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SECRETARY OF STATE
TALLARASSEE, FL

FILED

## **COVER LETTER**

Division of Corpor	rations		ţ	
NAME OF CORPOR		nax ento	orprises inc	
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.	•	
Please return all corresp	oondence concerning this ma	tter to the following:		
	MAXWELL  Maxwell  May 1  Again N  Bola R  Light String Str	Name of Contact iderson  Name of Contact iderson  Firm/ Company  Address  City/ State and Zip Cod  and for future annual report	rer prigas inc Ne. 17 33431 o. com	7
For further information	concerning this matter, pleas	e call:		
Liga Hu	Contact Person	at ( 904	de & Daytime Telephone Number	
Enclosed is a check for	the following amount made p	payable to the Florida Depa	rrtment of State:	
\$35 Filing Fee	☐\$43.75 Filling Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
		_		

Mailing Address

TO: Amendment Section

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

## Articles of Amendment to

## Articles of Incorporation

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20 211	ONTO CICA CO 2018 OCT 15 JAH 10: 00
$\qquad \qquad $	
( <u>Name of Corpora</u>	ation as currently filed with the Florida Dept. of State) F STATE
$\mathcal{L}$	800008389U
(Doc	ument Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Floritis Articles of Incorporation:	ida Statutes, this Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the	corporation:
	The new ord "corporation," "company," or "incorporated" or the abbreviation rp," "Inc," or "Co". A professional corporation name must contain the the abbreviation "P.A."
B. Enter new principal office address, if applicat	ole:
(Principal office address MUST BE A STREET AL	DDRESS )
C. Enter new mailing address, if applicable:	
(Mailing address <u>MAY BE A POST OFFICE B</u>	(OX)
D. If amending the registered agent and/or regist new registered agent and/or the new registered	tered office address in Florida, enter the name of the
Name of New Registered Agent	
	(Florida street address)
	(rioriaa sireet aaaress)
New Registered Office Address:	, Florida (Citv) (Zip Code)
	(City) 121p Cour)
New Registered Agent's Signature, if changing R	
I hereby accept the appointment as registered agent	. I am familiar with and accept the obligations of the position.
Sig	gnature 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, a 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 = Chairman or Clerk; CEO

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 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 Chang 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)	Title	Name	Address
1) Change			
Add			
Remove			
2) Change		_	
Add			
Remove			<del></del>
3 ) Change			
Add			
Remove			
4) Change		_	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

(.	f amending or adding additional Articles, enter change(s) here:  Attach additional sheets, if necessary). (Be specific)
	<del></del>
. <u>Į</u>	If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:
	(if not applicable, indicate N/A)

The date of each amendment(s) adoption:
date this document was signed. $10 - 3 - 3018$
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 not be listed as 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"  (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
V Signature William Chil
(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)
Maxwell Elorriage - matra (Typed or printed name of person signing)
Trosident (Title of person signing)