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R. WHITE
FEB 20 200

## COVER LETTER

Division of Corporations NAME OF CORPORATION: 8000092726 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: rrell For further information concerning this matter, please call: accell Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (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

	Articles of Incorp	оганов	_	
Lobar General:	Services,	Inc		ED
(Name of Corpo	ration as currently fil	ed with the F	lorida Debit Forstate)	#1. · ·
P18000097726			SECR.	Aff  :   
(Do	ocument Number of Co	rporation (if k	nown) TALL	्राश्राहार
				-5.7 <u>[</u>
Pursuant to the provisions of section 607.1006, Floits Articles of Incorporation:	orida Statutes, this <i>Flor</i>	raa Projit Co	rporation adopts the fol	lowing amendment(s
A. If amending name, enter the new name of th	ie corporation:			
				The new
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "Cword "chartered," "professional association," or	Corp," "Inc," or "Co"	'. A professio		the abbreviation
B. Enter new principal office address, if application	able:			
(Principal office address MUST BE A STREET A				
	<del>-</del>			
	-		<u> </u>	
C. Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE	(BOX)			
	_			
	_			
D. If amending the registered agent and/or reg	istered office address	in Florida e	nter the name of the	
new registered agent and/or the new registe		111 1011041, 61	iter the name of the	
Name of New Registered Agent			<u> </u>	<del></del>
	/12t - 21 - 4 - 4	11		<u>.                                    </u>
	(Florida street a	(aaress)		
New Registered Office Address:			, Florida	
	(Cit)	y)		(Zip Code)
	•			· •
New Registered Agent's Signature, if changing				_
hereby accept the appointment as registered age	nt. I am familiar with	and accept th	e obligations of the posi	tion.

Signature of New Registered Agent, if changing

address of each Office (Attach additional shee Please note the officer! P = President; V= Vic Executive Officer; CFO held, President, Treasu Changes should be not	er and/or Directo  its, if necessary)  director title by the  e President: T= 1  O = Chief Financ  arer, Director wou  ed in the following  leaves the corpora	r being added:  The first letter of the office title:  The asurer: S= Secretary: D= Director: TR=  The ial Officer. If an officer/director holds more  The ial Officer. If an officer/director holds more  The ial Officer. Currently John Doe is listed as the  The ially Smith is named the V and S. Thes	Trustee: C = Chairman or Clerk; CEO = Ch.  e than one title, list the first letter of each offi  e PST and Mike Jones is listed as the V. There e should be noted as John Doe, PT as a Chang
X Change	PT John	<u>Doe</u>	
X Remove	<u>V</u> <u>Mike</u>	: Jones	
<u>X</u> Add	SV Sally	Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	<u>AMBR</u>	Donathan Clarke	2603 Cypress St Panamality Banch, FL 324
Remove			
2) Change Add			
Remove 3) Change	<del></del>		
Add Remove			
4) Change Add			
Remove			
Add Remove			
6) Change Add			

\_\_\_\_ Remove

E. If amending or adding additional Articles, enter change(s) here:  (Attach additional sheets, if necessary). (Be specific)
(Attach additional sheets, if necessary). (Be specific)  Sonuthan Clarke Jada & Ambr
F. 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:	, if other than 1
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 document's effective date on the Department of State's records.	date will not be listed as t
Adoption of Amendment(s) ( <u>CHECK ONE</u> )	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendme by the shareholders was/were sufficient for approval.	ent(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following state must be separately provided for each voting group entitled to vote separately on the amendment(s):	ement
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	older
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 2-20-19 Signature 1 DECC 1/11-1	
Signature (By a director, president or other/officer – if directors or officers have not be selected, by an incorporator – if in the hands of a receiver, trustee, or other cappointed fiduciary by that fiduciary)	en
DARIZELL MILLER	
(Typed or printed name of person signing)	
<u>CEO</u>	
(Title of person signing)	