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COVER LETTER

Division of Corporations NAME OF CORPORATION: 850 Rooting Inc DOCUMENT NUMBER: PIRCOCO 930 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: oe Cornett
Name of Contact Person Me Properties Fluc. Sherokeetrl Address For further information concerning this matter, please call: Joe Corne at (<u>263</u>) <u>262-93/8</u> Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: S35 Filling Fee ☐\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy (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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, Fl. 32303

Articles of Am to Articles of Incom of	2021 ARR 2 SECRETA						
350/Reding, Inc.	filed with the Clerida Dent of State	29 P					
(Name of Corporation as currently filed with the Florida Dept. of State) (Name of Corporation as currently filed with the Florida Dept. of State) (Name of Corporation as currently filed with the Florida Dept. of State) (Name of Corporation as currently filed with the Florida Dept. of State) (Name of Corporation as currently filed with the Florida Dept. of State) (Name of Corporation as currently filed with the Florida Dept. of State) (Name of Corporation as currently filed with the Florida Dept. of State) (Name of Corporation as currently filed with the Florida Dept. of State) (Name of Corporation as currently filed with the Florida Dept. of State) (Name of Corporation as currently filed with the Florida Dept. of State) (Name of Corporation as currently filed with the Florida Dept. of State) (Name of Corporation as currently filed with the Florida Dept. of State) (Name of Corporation as currently filed with the Florida Dept. of State) (Name of Corporation as currently filed with the Florida Dept. of State) (Name of Corporation as currently filed with the Florida Dept. of State) (Name of Corporation as currently filed with the Florida Dept. of State) (Name of Corporation as currently filed with the Florida Dept. of State) (Name of Corporation as currently filed with the Florida Dept. of State) (Name of Corporation as currently filed with the Florida Dept. of State) (Name of Corporation as currently filed with the Florida Dept. of State) (Name of Corporation as currently filed with the Florida Dept. of State) (Name of Corporation as currently filed with the Florida Dept. of State) (Name of Corporation as currently filed with the Florida Dept. of State) (Name of Corporation as currently filed with the Florida Dept. of State) (Name of Corporation as currently filed with the Florida Dept. of State) (Name of Corporation as currently filed with the Florida Dept. of State) (Name of Corporation as currently filed with the Florida Dept. of State) (Name of Corporation as currently filed with the Florida Dept. of State) (N							
(Document Number of Corporation (if known)							
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Fl</i> its Articles of Incorporation:	<i>lorida Profit Corporation</i> adopts the	1'1					
A. If amending name, enter the new name of the corporation: 850 Robbing. Restored name must be distinguishable and contain the word "corporation," "co "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	Hon & Remod mpany," or "interporated" or the abo professional corporation name mus	breviation "Corp.,"					
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	HT26 Bay Po Panama City 1 32408	int Rd. Beach, Fi					
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Lakeland, Fl. Yo Jee Corne	33803					
D. If amending the registered agent and/or registered office addressinew registered agent and/or the new registered office address:							
Name of New Registered Agent Joe Co	ernett						
(Florida stree	herokee / n!						
New Registered Office Address: Lake	and Florida_	33703 (Zip Code)					
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wit	th and accept the obligations of the po	osition.					
Signature of New Reg	ond gistered 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)

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: <u>X</u> Change	<u>PT</u> <u>John</u>	<u>ı Doe</u>			
X Remove	<u>V</u> <u>Mike Jones</u>				
X Add	SV Sally Smith				
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address		
1) Change	Pres	David Fields	5510 Flatues.		
Add Remove	2 -		Lakeland, E1. 33811		
2) Change Add	Pres	Joe Cornett	1908 Cherokee Trl. Lakeldid, F. 33803		
Remove 3) Change					
Add Remove					
4) Change					
Add Remove					
5) Change					
Add Remove					
6) Change					
Add Remove					
Kemove					

f 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)	
f an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:	
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(if not applicable, indicate N/A)	
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The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Defeating date if applicables 4/20/20	3/
Effective date if applicable: // 10 / 100	amendment file date)
Note: If the date inserted in this block does not meet the applicable statuto document's effective date on the Department of State's records.	ry filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
Z The amendment(s) was/were adopted by the incorporators, or board of dire action was not required.	ctors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders. The number of by the shareholders was/were sufficient for approval.	votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting must be separately provided for each voting group entitled to vote separate	
"The number of votes cast for the amendment(s) was/were sufficient	for approval
by	
(voting group)	
Signature (By a director, president or other officer)- if director, by an incorporator - if in the hands of a appointed fiduciary by that fiduciary)	
Tue Cornett P (Typed or printed name of pers	resident
(Title of person signing)	