

| (Re                     | questor's Name)   |              |
|-------------------------|-------------------|--------------|
|                         |                   |              |
| (Ad                     | dress)            |              |
|                         |                   |              |
| (Ad                     | dress)            |              |
|                         |                   |              |
| (Cit                    | y/State/Zip/Phone | e #)         |
|                         |                   |              |
| PICK-UP                 | ☐ WAIT            | MAIL         |
|                         |                   |              |
| (Bu                     | siness Entity Nar | ne)          |
| (2                      | <b>,</b>          | ··- <b>,</b> |
| (Do                     | cument Number)    |              |
| (50                     | oument number,    |              |
| O-46-4 O-46-            | Contiferator      | a of Chatura |
| Certified Copies        | _ Cenincates      | s of Status  |
| <b></b>                 |                   |              |
| Special Instructions to | Filing Officer:   |              |
|                         |                   |              |
|                         |                   |              |
|                         |                   |              |
|                         |                   |              |
|                         |                   |              |
|                         |                   |              |
|                         |                   |              |

Office Use Only



000335953070

10/23/19--01024--019 ••35.00

2015 OCT 28 AH 9: 47

C GOLDEN NOV 22 2019

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

| NAME OF CORPOR   | RATION: BECKARD CARE   | PENTER INC   |  |
|--|--|--|--|
| DOCUMENT NUME  | BER: P19000003397  |  |  |
|  | of Amendment and fee are su  | bmitted for filing.  |  |
| Please return all corres   | spondence concerning this ma   | tter to the following:   |  |
|  | PATRICIA BECKARD   |  |  |
|  |  | Name of Contact Person   | n  |
|  | ···  | Firm/ Company  |  |
|  | 1726 12th Fairway  |  |  |
|  | 101.01   | Address  |  |
|  | Wellington, FL 33414   |  |  |
|  |  | City/ State and Zip Cod  | e  |
| becka  | rdpatricia@gmail.com   |  |  |
|  | E-mail address: (to be us  | sed for future annual report                                       | notification)  |
| For further information  | n concerning this matter, pleas  | se call:   |  |
| Patricia Beckard   |  | at (   | 618-8328   |
| Name of Contact Person at (301 ) Oto-0320 Area Code & Daytime Telephone Number |  | de & Daytime Telephone Number                                      |  |
| Enclosed is a check fo   | r the following amount made  | payable to the Florida Depa  | artment of State:  |
| ■ \$35 Filing Fee  | □\$43.75 Filing 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) |
| Ame<br>Divi<br>P.O.  | ling Address<br>endment Section<br>sion of Corporations<br>Box 6327<br>ahassee, FL 32314 | Amend<br>Divisio<br>Clifton  | Address Iment Section on of Corporations Building Executive Center Circle              |

Tallahassee, FL 32301

## **Articles of Amendment**

to
Articles of Incorporation
of

| P19000003397  | ny med with the Fioriga Dept. of State)                          |
|---|--|
| ***************************************   | of Corporation (if known)  |
| Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:   | s Florida Profit Corporation adopts the following amendment(s) t |
| A. If amending name, enter the new name of the corporation: SOUTH BUSINESS SOLUTIONS, INC   | Th   |
| name must be distinguishable and contain the word "corporati "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation | "Co". A professional corporation name must contain the           |
| B. Enter new principal office address, if applicable:   | 1726 12th Fairway  |
| (Principal office address MUST BE A STREET ADDRESS)   | Wellington, FL 33414   |
|   |  |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)   |  |
| D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address  |  |
| Name of New Registered Agent  |  |
| (Florida a  | treet address)   |
| ·   |  |
| New Registered Office Address:  | (City) , Florida (Zip Code)                                      |
| New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familiar  |  |
| 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 Doc    |                 |
|-------------------------------|-----------|-------------|-----------------|
| X Remove                      | <u>v</u>  | Mike Jones  |                 |
| X Add                         | <u>sv</u> | Sally Smith |                 |
| Type of Action<br>(Check One) | Title     | Name        | <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                           |           |             | <u></u>         |
| Remove                        |           |             |                 |

| tach additional sheets, if necessary). (Be specific)                                       |             |
|--|-------------|
|  |             |
|  |             |
|  |             |
|  |             |
|  |             |
|  |             |
|  |             |
|  |             |
|  |             |
|  |             |
|  |             |
|  |             |
|  |             |
|  |             |
|  |             |
|  |             |
|  |             |
|  |             |
|  |             |
|  |             |
|  |             |
|  |             |
|  |             |
|  |             |
|  |             |
|  |             |
|  |             |
|  |             |
|  |             |
|  |             |
|  |             |
|  |             |
|  |             |
|  |             |
|  |             |
| nn amendment provides for an exchange, reclassification, or cancellation of issued shares, |             |
| ovisions for implementing the amendment if not contained in the amendment itself:          |             |
| (if not applicable, indicate N/A)  |             |
|  |             |
|  | <del></del> |
|  |             |
|  |             |
|  |             |
|  |             |
|  |             |
|  |             |
|  |             |
|  |             |
|  |             |
|  |             |
|  |             |
|  |             |
| <del></del>  |             |
|  |             |

|   | 10/17/2019   |   |
|---|--|---|
| The date of each amendment(s) ad date this document was signed.               | ption:   | , if other than th                        |
| Effective date if applicable:   |  |   |
|   | (no more than 90 days after amendment file   | date)                                     |
| Note: If the date inserted in this bl<br>document's effective date on the Dep | ock does not meet the applicable statutory filing requires artment of State's records.                             | ments, this date will not be listed as th |
| Adoption of Amendment(s)  | (CHECK ONE)  |   |
| ☐ The amendment(s) was/were adop<br>by the shareholders was/were suf          | ted by the shareholders. The number of votes east for the icient for approval.                                     | : amendment(s)                            |
|   | oved by the shareholders through voting groups. The followch voting group entitled to vote separately on the amend |   |
| "The number of votes cast f   | or the amendment(s) was/were sufficient for approval   |   |
| by  | (voting group)   |   |
|   | (voting group)   |   |
| ☐ The amendment(s) was/were adoption was not required.                        | ted by the board of directors without shareholder action a   | and shareholder                           |
| The amendment(s) was/were adoption was not required.                          | ted by the incorporators without shareholder action and s  | hareholder                                |
| 10_   | 14-19  |   |
| Dated/(/  |  |   |
| Signature   | dronone  |   |
|   | delor, president or other officer - if directors or officers h   | nave not been                             |
|   | by an incorporator - if in the hands of a receiver, trustee.   |   |
| appointe  | d fiduciary by that fiduciary)   | /   |
| _   | Patricia Backara   | <u>ર્</u> ય .                             |
|   | (Typed or printed name of person signing)  |   |
| _   | Fresident  |   |
|   | (Title of person signing)  |   |