P190000005395

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
(
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(Business Entity Name)			
(Document Number)			
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R. WHITE 'JUN 2 4 2019



COVER LETTER

TO: Amendment Section Division of Corporations

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NAME OF CORPORATION: TAKE ACTION EN	TITY INC	
DOCUMENT NUMBER: P19000005395		
The enclosed Articles of Amendment and fee are sub	mitted for filing.	
Please return all correspondence concerning this matt	er to the following:	
LATUNIA-SHONTAE FERG	UON	
	Name of Contact Persor	1
TAKEACTIONENTITY INC		
	Firm/ Company	
PO BOX 694764		
	Address	
MIAMI/ FLORIDA 33169		
-	City/ State and Zip Code	2
TAKEACTIONENTITY@GMAIL.	СОМ	
-	ed for future annual report	notification)
For further information concerning this matter, please	e call:	
LATUNIA SHONTAE FERGUSON	at (305	467-7214
Name of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for the following amount made p	ayable to the Florida Depa	artment of State:
\$35 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)
Mailing Address Amendment Section		Address Iment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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TAKEACTIONENTITY INC

Articles of Amendment

to

Articles of Incorporation





TAKEACTIONENTITY INC	2019 JUNI 16 PM 3: 1-7
(Name of Corporation as current	ly filed with the Florida Dept. of State)
P19000005395	The state of the s
(Document Number of	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
TAKE ACTION ENTITY INC	The new
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	on," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	PO BOX 694764 MIAMI FLORIDA
	33169
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office addres	
Name of New Registered Agent	rect address)
New Registered Office Address:	(City), Florida (Zip Code)
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar	
N	A

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)

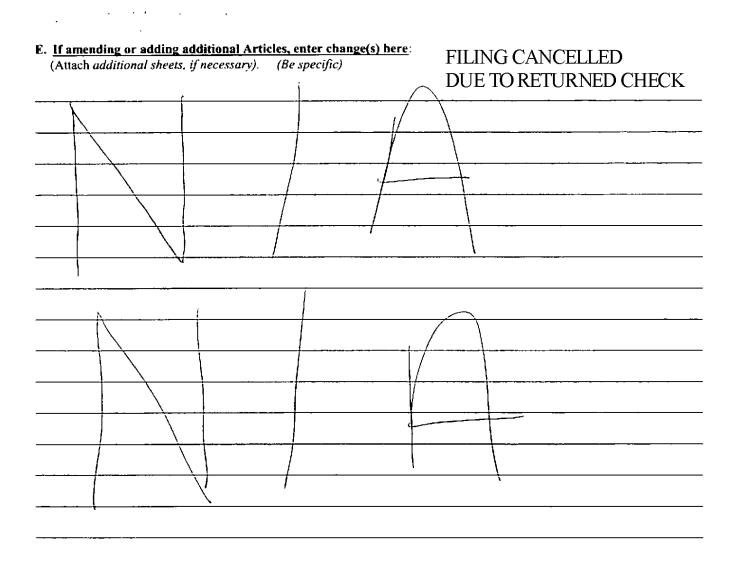
Please note the officer/director title by the first letter of the office title:

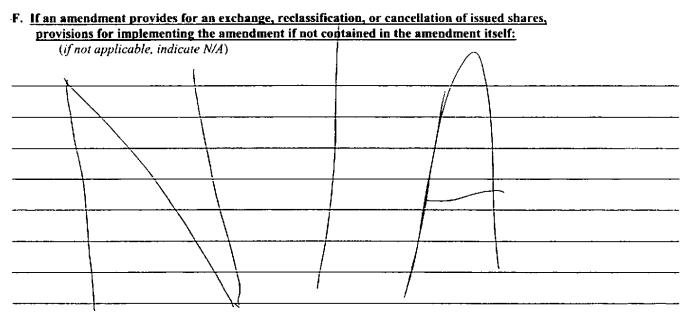
P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director 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.

Mike Jones, V as Remo	ove, and Sally Smi	h, SV as an Add.	
X Change	<u>PT</u> <u>John</u>	Doe EH INC	
X Remove	<u>V</u> <u>Mik</u> s	I	G CANCELLED O RETURNED CHECK
X Add	SV Sally	Smith	o radiora (ab orașe)
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	T	JOEL PEGUERO	PO BOX 694764
X Add			MIAMI FLORIDA
Remove			33169
2) Change	NIN	NA	
Remove 3) Change Add	NIA	NIA	
Remove 4) Change Add	NIA	NLA	
Remove	NA	NA	
Remove 6) Change Change Remove	MM	NIA	

Page 2 of 4





MARCH 1, 2019	
The date of each amendment(s) adoption:	_, if other than
ite this document was signed.	
ffective date if applicable: March 1, 2019	
ffective date if applicable: [TUYCY] (no more than 90 days after amendment file date)	
(no more than 90 days after amenament file date)	
ote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will occurrent's effective date on the Department of State's records.	not be listed as
doption 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.	
MARCH 1, 2019	
DatedFILING CANCELLED	
Signature DUE TO RETURNED C	CHECK
(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)	
JAMES BROWN	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	