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SEUNETARY OF STATE
AND ANASSEE, FLORIDA

HAY 01 2019 T SCHROEDER

COVER LETTER

Division of Corporations STORY CIGHTY INC NAME OF CORPORATION: DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Firm/ Company 3000 NW 77 (+
Address OCICU FL 33172 City/ State and Zip Code 5-tone Crufters Oyahoo. Com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: S35 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

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

is enclosed)

Articles of Amendment

to

Articles of Incorporation

of

Stone Craters	
(Name of Corporation as currently	filed with the Florida Dept. of State)
<u> </u>	
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	Torida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
NIA	The new
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc," or "Coword "chartered," "professional association," or the abbreviation "I	" "company," or "incorporated" or the abbreviation O". 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>)	N/A
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	FILED 19 APR 22 /H P SECRETARY OF STA NULL AHASSEE, FILOR 2
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 / / A	
	· · · · · · · · · · · · · · · · · · ·
(Florida stre	et address)
New Registered Office Address: \	Florida
	City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w	
Signature of New Re	gistered Agent, if changing
Signifiant of New Re	gionerea rigent, if enunging

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 Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change	7	Odkosa Everda	7300 SW 15 Stired
Add Remove			LIGN # 53144
2) Change Add	P	Linda V. Sanchez	7300 SW 15 St Licmi FL 33144
Remove 3) Change Add			19 APR 2 SECRE AR
Remove 4) Change Add Remove			22 AM IS 35 SSEE FLORIDA
5) Change Add Remove			
6) Change Add Remove		_	

amending or adding additional Articles, enter change(s) here: ttach additional sheets, if necessary). (Be specific)	
NIA	
NIA	
	<u> </u>
	
	
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	<u> </u>
	19 APR 22 SECRETAR LLI AHASS
	## F
an amendment provides for an exchange, reclassification, or cancellation of issued shares,	SS N
orovisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	₩ ~ ~
NA	H RO 35
	30 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3
	<u>∵ > ' ∨ </u>
	

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date <u>if applicable</u> : (no more than 90 days after amendment file date)	
various survey of the survey o	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, the document's effective date on the Department of State's records.	his date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amenda by the shareholders was/were sufficient for approval.	ment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following stands to 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)	
(voting group)	19 SE
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and share action was not required.	cholder E
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and sharehold action was not required.	2 AM
Dated 4 1719	STATE LORIDA
Signature Cicle	· ·
(By a director, president or other officer – if directors or officers have not selected, by an incorporator – if in the hands of a receiver, trustee, or othe	
appointed fiduciary by that fiduciary)	1 Court
(Typed or printed name of person signing)	
President	
(Title of person signing)	