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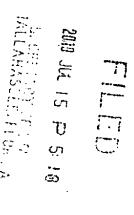
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PICK-UP	☐ WAIT	MAIL		
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Special Instructions to Filing Officer:				
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Contract to the contract of



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COVER LETTER

TO: Amendment Section Division of Corporations

> P.O. Box 6327 Tallahassee, FL 32314

NAME OF CORPORATION: Debbicas Supports					
DOCUMENT NUMBER: P1900009783					
The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
Deborah Alphonso Name of Contact Person Deboleas Support, Inc Firm/Company 710 Sw Jacon Ave Address Port Saint Lucie, FL 34953 City/ State and Zip Code dalphonsos 6@ Correast. net E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Deborah Alphonso at 777, 237 - 5784 Name of Contact Person Area Code & Daytime Telephone Number					
Enclosed is a check for the following amount made payable to the Florida Department of State:					
S35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) Certified Copy (Additional Copy is enclosed)					
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building					

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment

Articles of Incorporation of

Debbicas Support 1	c. FILED
(Name of Corporation as chrrently	filed with the Florida Dept. of State) 2019 UI 15 P 5: 1-8
1,10000013	2010 002 10
(Document Number of Pursuant to the provisions of section 607,1006, Florida Statutes, this <i>I</i> its Articles of Incorporation:	
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporation	The new
"Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered," "professional association," or the abbreviation "I	'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>)	NA
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	P.O. Box 7946 Port Saint Lucia, Fl 34985
D. If amending the registered agent and/or registered office address:	
Name of New Registered Agent NA	
New Registered Office Address: New Registered Office Address:	, Florida
r	City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w	ith and accept the obligations of the position.
NA	
Signature of New Re	gistered 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>	<u>John D</u>	<u>oe</u>		
X Remove	<u>v</u>	Mike J	ones		
X Add	<u>sv</u>	Sally S	<u>mith</u>		
Type of Action (Check One)	<u>Title</u>		Name	Address	
1)Change	Own	icr/P	Ochwah Aphmsu	710 SW Jacolay	Are
Add			•		FL
Remove				34953	
2) Change		_	NA	<u> </u>	
Add					
Remove					
3) Change					
Add					
Remove				 	
4) Change		_			
Add					
Remove					
5) Change					
Add					
Remove					
6) Change					
Add	••	_			
Remove				_	

E. <u>If amending</u> (Attach <i>additt</i>	or adding addition: ional sheets, if neces.	ıl Articles, enter chi sarv). (Be specific)	inge(s) here:			
NA						
<u> </u>						
<u>.</u>		_ 				
			<u> </u>			
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,				·		
F. <u>If an amend</u>	ment provides for a	n exchange, reclassi	fication, or cancell	ation of issued sha	ires,	
provisions (if not a	for implementing th applicable, indicate?	<u>e amendment if not</u> ②1)	contained in the ar	nendment itself:		
NA	• •					
<u> </u>						
						
			- 			

The date of each amendment(s) ad date this document was signed.	loption:	, if other than the
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this b document's effective date on the De	lock does not meet the applicable statutory filing requirements, this dat partment of State's records.	e will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendment(s flicient for approval.	1
	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s).	11
	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were ado action was not required.	pted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were ado action was not required.	pted by the incorporators without shareholder action and shareholder	
Dated	11119	
Dated	- 11	
Signature	w Stp	
(By a di	irector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court	
	ed fiduciary by that fiduciary)	
	Octorah Alphonso (Typed or printed name of person signing)	
	Dwner/President (Title of person signing)	
	(Title of person signing)	_