## P190000 11723

(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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Codified Copies Codificator of Status				
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Special Instructions to Filing Officer:				

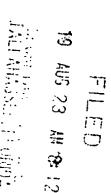
Office Use Only



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SEP 0 6 2019 S. YOUNG



## COVER LETTER

TO: Amendment Section Division of Corporations 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: Confinders of Floride Carfinders Florida @ gmail Con E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at ( 407 ) 158-9417

Area Code & Daytime Telephone Number 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 is enclosed) Mailing Address Street Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tailahassee, FL 32314

Amendment Section
Division of Corporations
Cliffon Building
2661 Executive Center Circle
Tallahassee, FL 32301

	Articles of Ar	nendnieni		
	to Articles of Inco	ngaratiou		
	of	•		
(A)	(2	co. a wish the Plonida Dant of State)	<u></u>	<b></b>
(Exme or o	1)	filed with the Florida Dept, of State)		
***************************************	<u> 190000117</u>	123		<del></del>
	(Document Number of	Corporation (if known)		
Pursuant to the provisions of section 607.100 its Articles of Incorporation:	96, Florida Statides, this F	Clorida Profit Corporation adopts the following	gamendment(s)	) to
A. If amending name, enter the new name	of the corporation:			
			Тив пем	
name must be distinguishable and contain "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association	on "Corp." "Inc." or "C	" "company," or "incorporated" or the al "o". A professional corporation name must o "A."	breviation contain the	
B. Enter new principal office address, if a (Principal office address MUST BE 4 STR)				
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OF)				
(1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.	1(1, 1)().1/			
			<del></del>	
D. If amending the registered agent and/or new registered agent and/or the new re		ss in Florida, enter the name of the		
is a registerite agent sum or the field re	Elaterea orine attaless.			
Name of New Registered Agent				
<del></del>	(Florida su ez	1 aádrezsi		
New Registered Office Address:		, Florida		
A TRANSPORT OF THE PROPERTY.	(C	no) (Zip C	ode)	
			,	
lew Registered Agent's Signature, if chang	ing Registered Agent:		- ∑≤ :	ぎ
hereby accept the appointment as registered	agent, I am familiar wit	h and accept the obligations of the position.		
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-	······································		ii. °	?3 ≱
	Signature of New Reg	istered Agent, if changing	· · · · · · ;	<b>≩</b> ⊂
			,—, <del>-</del> ,	
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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)

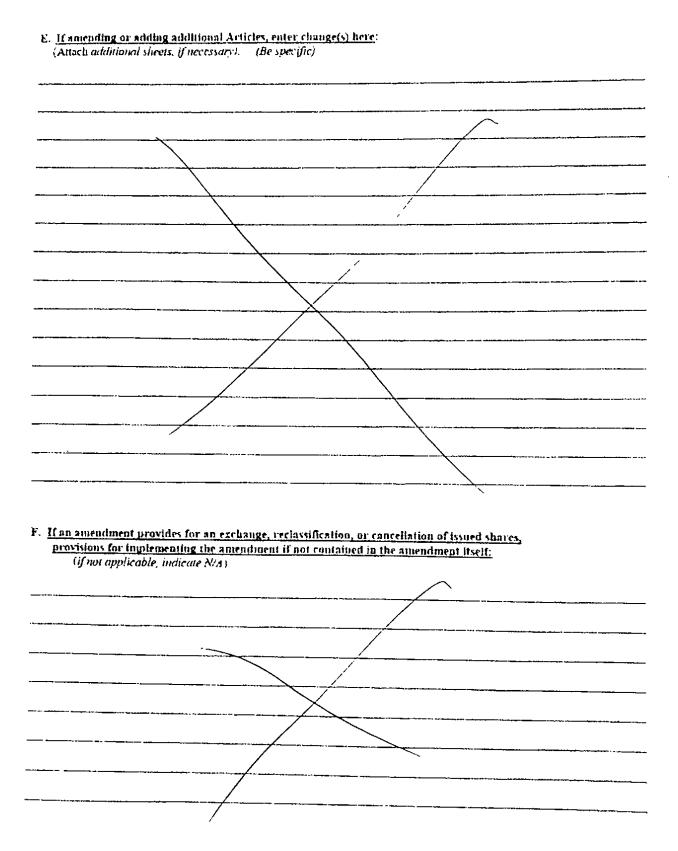
Please note the officer/director title by the first letter of the office title:

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>J</u>	ohn Doe	
X Remove	<u>Y</u> <u>&gt;</u>	fike Jones	
X Add	<u>sv</u> <u>s</u>	ally Smith	
Type of Action (Cluck One)	Title	Name	<u>Addres</u> s
l)Change	<u> </u>	Mathew M Jones	1255 Belle Are und 113
X Add	•		Winter Springs Fl. 32708
Renюve			
2) Change	<u>D</u>	Sammy Mike	1255 Belle Ne Lind 113
X <sup>□</sup> Add		•	Winter Springs Fl 32708
Remove			·
3)Change			
Add			Annual St.
Кенюуг			
4)Change			
Add			
Remove			
5) Change			
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Remove			
6) Change	<u> </u>		
Add			
Remove			



Page 3 of 4

, if other than t
The date of each amendment(s) adoption:
Effective date if applicable: (no more than 90 days after amendment file date)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as a document's effective date on the Department of State's records.
Adoption 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 east for the amendment(s) was/were sufficient for approval
hy"  (voling group)
(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.
Dated Nuj 20, 19 Signature Volrieta Mill
Signature Parata Mill
(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)
Typed or printed name of person signing)
President
(Title of person signing)