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COVER LETTER

Division of Corporations uses and lours. 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: Address City/ State and Zip Code For further information concerning this matter, please call: Area Code & Daytime Telephone Number Name of Contact Person 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 Certificate of Status Certified Copy (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed)

Mailing Address

TO: Amendment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment Articles of Incorporation of

01		
	2024 JU - 29	PM 6: 11
(Name of Corporation as currently	filed with the Florida Dept. of State)	
(Document Number of C	Cornoration (if brown)	·
(1)Octable in Ministration	Sorporation (11 known)	
Pursuant to the provisions of section 607,1006, Florida Statutes, this <i>Fi</i> its Articles of Incorporation:	forida Profit Corporation adopts the following am	endment(s) to
A. If amending name, enter the new name of the corporation:		
	The	new
name must be distinguishable and contain the word "corporation," "co "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."		
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	N/A	<u> </u>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
D. If amending the registered agent and/or registered office addresses new registered agent and/or the new registered office address:	ss in Florida, enter the name of the	
Name of New Registered Agent DAVID 5 520 MA (Florida stree	James Indalay Rd.	
New Registered Office Address:	Tiv) , Florida 328 (Zip Code)	
New Registered Agent's Signature, if changing Registered Agent:		

Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Check if applicable

 \square The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

If amending or ad (Attach additional s	ling additional Articles, enter change(s) here: ieets, if necessary). (Be specific)	
		 -
provisions for im	rovides for an exchange, reclassification, or cancellation of iss dementing the amendment if not contained in the amendment ble, indicate N/A)	ued shares, itself:
	N/A	

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.

X Change	PT John Doe		
X Remove	<u>V</u> <u>Mike Jones</u>		
<u>X</u> Add	SV Sally Smith		
Type of Action (Check One)	Title Name	- 	<u>Addres</u> s
1) Change Add	$\frac{P}{D}$	avid James	BBOS Florida Rock Rd 101 Orlando, FL 32804
Remove 2) Change Add	P De	chn James	8805 Florida Rock Rol on Orlandor FL 30804
Remove 3) Change Add	T D	Pavid James	Pros Florida Rock Rollon Orlando, Fl 3004
Remove 4) Change Add	V. D	echn James	PRS Florida Lack Policy Orlando, FL 308041
Remove 5) Change Add	5 D	edanJames	EB15 Florida Rock Polion Orbando, FL 30834
Remove 6) Change Add			
Remove			

The date of each amendment(s) ad date this document was signed.	option:	1/2023		, if other than the
Effective date <u>if applicable</u> :				
	(no more	rthan 90 days after ar	nendment file date)	
Note: If the date inserted in this blocument's effective date on the Dep			filing requirements, th	tis date will not be listed as the
Adoption of Amendment(s)	(CHECK ON	<u>E</u>) .		
The amendment(s) was/were adoption was not required.	sted by the incorporate	ors, or board of direct	tors without shareholde	r action and shareholder
☐ The amendment(s) was/were adop by the shareholders was/were suf		ers. The number of ve	otes east for the amenda	nent(s)
☐ The amendment(s) was/were appromust be separately provided for e				
"The number of votes east f	or the amendment(s)	was/were sufficient fe	я approval	
by				
	(voting group)			
Dated	22/24 Letor, president or oth	ner officer – if directo	rs or officers have not b	peen
	by an incorporator – diduciary by that fid		eceiver, trustee, or other	· court
-	(Typed or p	printed name of perso	n signing)	
-	Pres (Title of pe	Siderit rson signing)		