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COVER LETTER

Division of Corporations
NAME OF CORPORATION: 5hop For SUS PENSION, INC. DOCUMENT NUMBER: P1900033715
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
SUSAn BArahowsk,
Name of Contact Person
Firm/ Company
11116 morninghigh Dr
LUTZ, F1 33549
City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Bill 50Ky 11(813, 309-0808
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:
\$35 Filing Fee

Mailing Address

TO: Amendment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 32314

Street Address

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

Articles of Amendment to Articles of Incorporation

(Name of Corporation as currently filed with the Florida Dept. of State)	\neg
	. 1/
Shop For Suspension in the 2 22P190001	7.≯
(Document Number of Corporation (il known)	
	ŀ
Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment	(s) to
its Articles of Incorporation:	`
	i
A. If amending name, enter the new name of the corporation:	
The new	
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation	i
"Corp.," "Inc.," or Co.," or the designation "Corp," "Inc." or "Co". A professional corporation name must contain the	
word "chartered," "professional association," or the abbreviation "P.A."	- 1
B. Enter new principal office address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	- 1
· · · · · · · · · · · · · · · · · · ·	
	- 1
	-
C. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	1
	- 1
D. If amending the registered agent and/or registered office address in Florida, enter the name of the	- 1
new registered agent and/or the new registered office address:	
Sic. Back	İ
Name of New Registered Agent SUSDN BAGNOWSKI	.
17716 Murninghick Dr. Lutz # 335	49
	′ /
(Florida street address)	
	- 1
New Registered Office Address:, Florida,	- 1
(City) (Zip Code)	
Wan Danta at 14 and 12 and 12 and 13 and 14 and 15	
New Registered Agent's Signature, if changing Registered Agent:	1
I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.	
and the man with	
- CUALUMINATION - COMPANIE - COMP	1
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.

	iove, and Sal	ly Smith, SV as an Add.	
Example: <u>X</u> Change	<u>PT</u>	John Doc	
X Remove	<u>Y</u>	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	$Q \perp$	William Sokal	17716 MORNinghish
Add			CUT'2, FI 35549
Remove			
2) Change	97	SUSPY BACKNIMIK	LUTZ, FI SSSYT
X Add		Daranoms K!	LUTZ, F1 35547
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	additional Articles, if necessary).	(Be specific)			
					
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an amendment provi	des for an exchar	ura raelaccificati	an ar consollatio	afternad charact	
provisions for impleme	enting the amend	ment if not conta	tined in the amend	Iment itself:	
The second secon	ndicate N/A)			· 	
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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)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date w document's effective date on the Department of State's records.	ill 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 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.	
Dated	
(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)	
W.11, Dr 50/Col	
(Typed or printed name of person signing)	
(Title of person signing)	
(Title of person signing)	