## P190000 44165

(Reque	stor's Name)	
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## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: CAMPTIBLE H	EARTS INC	
DOCUMENT NUMBER: P19000044165		
The enclosed Articles of Amendment and fee are	submitted for filing.	
Please return all correspondence concerning this i	matter to the following:	
QUINNASIA ANDERSO	N	
	Name of Contact Person	1
	,	•
	Firm/ Company	
111 Ave R N.E.		<u> </u>
	Address	
WINTER HAVEN FL.338	381 	
	City/ State and Zip Cod	е
COMPATIBLEHEARTS232@G	GMAIL.COM	
E-mail address: (to be	used for future annual report	notification)
For further information concerning this matter, pl	ease call:	
QUINNASIA ANDERSON	at (863	837-6863
Name of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for the following amount made	de payable to the Florida Depa	artment of State:
S35 Filing Fee Certificate of Status		☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address 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

## **Articles of Amendment**

to

Articles of Inco	prporation
Campatible H	early ITHUED
(Name of Corporation as currently	filed with the Florida Dept. of State)
P 196600 44/1	S 211 SEP 11 12 3 46
·	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>I</i> its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
COMPATIBLE HEARTS INC	. The new
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Owned" "chartered," "professional association," or the abbreviation "Inc.," or the abbreviation "In	n," "company," or "incorporated" or the abbreviation Co". 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> )	
C. Fatou now mailing addungs if applicable.	
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 addr new registered agent and/or the new registered office address:	
Name of New Registered Agent	
(Florida stre	pet address)
11.10/11/2.11/2	
New Registered Office Address:	(City) (Zip Code)
,	City (Zip Coue)
New Registered Agent's Signature, if changing Registered Agent:	
Thereby accept the appointment as registered agent. I am familiar w	
Signature of New Re	egistered 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>	John Do	o <u>e</u>		
X Remove	<u>V</u>	Mike Jo	ones .		
_X Add	<u>sv</u>	Sally Sn	<u>nith</u>	,	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>		<u>Addres</u> s
1) Change					
Add					
Remove					
2) Change				_	
Add					
Remove					
3 ) Change					
Add		_			
Remove					
4) Change		_		_	· · · · · · · · · · · · · · · · · · ·
Add					
Remove					
5) Change		<del>_</del>		_	
Add					
Remove					
6) Change		_	<u> </u>	_	
Add					
Remove					

	(Be specific)	
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	5.11	
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an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,	,
provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, and and an analysis of the amendment itself:	
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The date of each amendment(s) a	doption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90) days after amendment file date)	
<b>Note:</b> If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, this epartment of State's records.	date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes east for the amendme afficient for approval.	nt(s)
☐ The amendment(s) was/were ap must be separately provided for	proved by the shareholders through voting groups. The following state each voting group entitled to vote separately on the amendment(s):	ement ement
"The number of votes easi	for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
☐ The amendment(s) was/were ad action was not required.	opted by the board of directors without shareholder action and shareho	older
The amendment(s) was/were ad action was not required.	opted by the incorporators without shareholder action and shareholder	
08/21/2019 Dated	)	
Signature (1)		
(Byla) selecte	director, president or other officer – if directors or officers have not be ed, by an incorporator – if in the hands of a receiver, trustee, or other cated fiduciary by that fiduciary)	
	QUINNASIA ANDERSON	
	(Typed or printed name of person signing)	
	OWNER	
	(Title of person signing)	<del></del>