## P19000048979

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	= #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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A. BUTLER FEB - 8 2022

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPO	PRATION: Frameworxfl, Inc				
	IBER: P19000048979				
	s of Amendment and fee are su	bmitted for filing.			
Please return all corr	espondence concerning this ma	tter to the following:			
	Cory Sands				
	Name of Contact Person				
	Frameworxfl, Inc				
		Firm/ Company			
	7005 55th ST E				
		Address			
	Ellenton, FL 34222				
		City/ State and Zip Code			
	wounde@framewozutl.com				
	E-mail address: (to be used for future annual report notification)				
	is-man address, (to be di	sed for future annual report	normeation)		
For further informati	on concerning this matter, pleas	se call:			
Cory Sands		941 at (	779-7903		
Name of Contact Person		Area Co	de & Daytime Telephone Number		
Enclosed is a check	for the following amount made	payable to the Florida Depa	artment of State:		
☐ \$35 Filing Fee	■\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Address			Address		
Amendment Section Division of Corporations		Amendment Section Division of Corporations			
P.O. Box 6327		The Centre of Tallahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## **Articles of Amendment** to Articles of Incorporation

of

	19. 1	,
(Name of Corporation as currently	filed with the Florida Dept. of State	)
		- <del></del>
(Document Number of	Corporation (if known)	
ursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> s Articles of Incorporation:	lorida Profit Corporation adopts the f	following amendment(s)
. If amending name, enter the new name of the corporation:		
. If antending name, cuter the new name of the corporation.		
ame 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."		
Enter new principal office address, if applicable:		
Principal office address MUST BE A STREET ADDRESS )	***************************************	······································
. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
(1741) g 444 (4.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1		
. If amending the registered agent and/or registered office addre	ss in Florida, enter the name of the	
new registered agent and/or the new registered office address:		
Name of New Registered Agent		
(Florida stre	et address)	
New Registered Office Address:	, Florida_ City)	(Zip Code)
ľ	City	(Zip Code)
ew Registered Agent's Signature, if changing Registered Agent: hereby accept the appointment as registered agent. I am familiar w.	ith and accept the obligations of the ne	scition
nevery accept the appointment as registered agent. Tum jaminar w	un unu accept the obligations of the p	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Signature of New Re-	gistered Agent, if changing	<del></del>
organizate of New Ne	Sand our rigoni, y chunging	
heck if applicable		

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

·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 Doc	
X Remove	$\underline{\mathbf{V}}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Cheek One)	<u>Title</u>	<u>Name</u>	Address
1) X Change	D	Jason Dutra	11714 Navajo Sandstone ST
Add			Riverview, FL 33579
Remove			
2) X Change	D	Cory Sands	7005 55th ST E
Add			Ellenton, FL 34222
Remove 3) Change	S	Beverly Sands	7005 55th ST E
x Add			Ellenton, FL 34222
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	(Be specific)				
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			e. a	<b>1</b>	
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visions for implementing the ame	hange, reclassific endment if not co	ation, or cancell ntained in the a	ation of issued s mendment itsel	shares, f:	
amendment provides for an excovisions for implementing the amount of the	hange, reclassific endment if not co	ation, or cancell ntained in the a	ation of issued s mendment itself	chares, <u>f:</u>	
visions for implementing the ame	hange, reclassific endment if not co	ation, or cancell ntained in the a	ation of issued s mendment itsel	chares, f:	
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n amendment provides for an exc ovisions for implementing the ame (if not applicable, indicate N/A)	hange, reclassific endment if not co	ation, or cancell ntained in the a	ation of issued s	chares,	

•

The date of each date this documen	amendment(s) adoption:	, if other than the
Effective date if a	applicable:	
	(no more than 90 days after amendmen	t file date)
Note: If the date document's effect	e inserted in this block does not meet the applicable statutory filing retive date on the Department of State's records.	equirements, this date will not be listed as the
Adoption of Ame	endment(s) ( <u>CHECK ONE</u> )	
The amendmer action was not	ent(s) was/were adopted by the incorporators, or board of directors with t required.	out shareholder action and shareholder
	ent(s) was/were adopted by the shareholders. The number of votes east olders was/were sufficient for approval.	for the amendment(s)
☐ The amendmen	ent(s) was/were approved by the shareholders through voting groups. Trately provided for each voting group entitled to vote separately on the	he following statement amendment(s):
"The nur	mber of votes cast for the amendment(s) was/were sufficient for approv	val
by	Incorporators	
<u> ۳, —</u>	(voting group)	_
	1-12-2022 Dated	
	Signature Cory Silver	
	(By a director, president or other officer – if directors or off selected, by an incorporator – if in the hands of a receiver, tappointed fiduciary by that fiduciary)	
	Cory Sands	
	(Typed or printed name of person signing	g)
	Director	

(Title of person signing)

the