P19000052193

(Re	equestor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	e #)
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SECRETARY OF STATE

COVER LETTER

CONKLIN & GONZALEZ HOLDINGS, INC

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: P1000052193 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: BOBBY V GONZALEZ Name of Contact Person Firm/ Company 9640 HORIZON DRIVE Address SPRING HILL FLORIDA 34608 City/ State and Zip Code THESALADCHOP@GMAIL.COM E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BOBBY V GONZALEZ

352

678-7559

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

□\$43.75 Filing Fee & Certificate of Status

□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)

□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 Incorporation of

CONKLIN & GONZALEZ HOLDINGS, INC

		<u> </u>
(Name of Corporation as currently	y filed with the Florida Dep	t. of State)
P19000052193		
(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607,1006. Flo Incorporation:	· · ·	n adopts the following any adopts the following any and any any at the stand
A. If amending name, enter the new name of the	e corporation:	
		The new
name must be distinguishable and contain the v "Corp.," "Inc.," or Co.," or the designation "Co word "chartered," "professional association," or t	orp," "Inc," or "Co". A pr	any," or "incorporated" or the abbreviation
B. Enter new principal office address, if applica	ble:	
(Principal office address MUST BE A STREET A	DDRESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I	DANG.	
(Mailing address MAT BE A POST OF FICE)	<u></u>	
D. If amending the registered agent and/or regis	stered office address in Flor	ida, enter the name of the
new registered agent and/or the new register	ed office address:	
Name of New Registered Agent		
Name (g. ven Negisierea zigeni		
	(Florida street addres.	S)
New Registered Office Address;		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing F	Registered Agent:	
I hereby accept the appointment as registered agen		cept the obligations of the position.
Vienatura at	New Revistered Agent if cha	
Mynanty at	THE REVINERED STREET HERE	HIV HIV

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 Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	P	PHYLLIS CONKLIN FOGG	5089 ROYAL PALMS WAY NEW PORT RICHEY, FL 34652
Add			
Remove			
2) Change	P	BRYAN CONKLIN	5089 ROYAL PALMS WAY NEW PORT RICHEY, FL 34652
XXX Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			-
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	(Attach additional sheets, if necessary). (Be specific)
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ř	an amendment provides for an exchange, reclassification, or cancellation of issued shares,
-	rovisions for implementing the amendment if not contained in the amendment itself:
)	(if not applicable, indicate N/A)
<u>)</u>	
<u>)</u>	
<u> </u>	
_	
-	
_	
_	
<u> </u>	

Effective date <u>if applicable</u> :	
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
☐ The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) afficient for approval.
	proved by the shareholders through voting groups. The following statement 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
by	."·
	(voting group)
☐ The amendment(s) was/were add action was not required.	opted by the board of directors without shareholder action and shareholder
The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder
Dated	7/12/2019 2019 V. Mar
Signature	July V. Man
(By a d selecte	directory president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court ited fiduciary by that fiduciary)
	Bobby V. Gonzalez (Typed or printed name of person signing)
	(Typed or printed name of person signing)
	Vice President
	776370[2267

if other than the