P19000055743

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COVER LETTER

TO: Amendmen Division of	t Section Corporations						
NAME OF COL	RPORATION: Highly Skilled Workforce Inc						
	UMBER: P19000055743						
	ticles of Amendment and fee are submitted for filing.						
Please return all	correspondence concerning this matter to the following:						
	Catherine Sewell						
	Name of Contact Person						
	Highly Skilled Workforce Inc						
	Firm/ Company						
	3240 NW 84TH AVE, UNIT 421,						
	Address						
	SUNRISE, FL, 33351						
	City/ State and Zip Code						
	catherine.sewell@highlyskilledworkforce.com						
	E-mail address: (to be used for future annual report notification)						
For further infor	mation concerning this matter, please call:						
Catherine Sewel	at (678 8781817						
N	ame of Contact Person Area Code & Daytime Telephone Number						
Enclosed is a che	ck for the following amount made payable to the Florida Department of State:						
\$35 Filing F	Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) Certified Copy (Additional Copy is enclosed)						

Mailing Address
Amendment Section
Division of Corporations
P.O. Box 6327

Street Address
Amendment Section
Division of Corporations
The Centre of Tallahassee

Articles of Amendment to Articles of Incorporation of

HIGHLY SKILLED WORKFORCE IN

(Name of Corporation as current	ly filed with the Florida Dept. of State)
P19000055743	
(Document Number o	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation," ". "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". 2 "chartered," "professional association," or the abbreviation "P.A."	A professional corporation name must contain the word
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	
	202
C. Enter new mailing address, if applicable:	. 2
(Mailing address MAY BE A POST OFFICE BOX)	3
	<u> </u>
D. If amonding the antistand quart and/on equiptored office add	, y O
 If amending the registered agent and/or registered office add new registered agent and/or the new registered office address 	
Name of New Registered Agent	
Name of New Registered Agent	
(Florida str	reet address)
New Registered Office Address:	. Florida
	(City) (Zip Code)
Non-Body Adv. d C. A. Mark C. D. C. A. A. A.	
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar to	<u>:</u> with and accept the obligations of the position.
Signature of Man D	Registered Agent, if changing
Signature of New K	egmerea agem, y enanging

Check 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)

Example:

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 Do	<u>oc</u>	
X Remove	<u>V</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sr	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
1) Change	V	_	Ryan Falloon	341 Florida Ave
X Add				Plantation, Florida 33312
Remove				
2) Change		_		
Add				- to the same of t
Remove 3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		<u></u>		
Add				
Кетюче				
6) Change				***************************************
Add				<u> </u>
Remove				

Attach additional sheets, if necessary).	(Be specific)
	
	A SERVICE OF THE SERV
	,
an amandment provides for an eval	ange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	
(if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
·	
······································	

	December 4,2021	
The date of each amendment(s) ad	option:	, if other than the
date this document was signed.		
Dece Effective date <u>if applicable</u> :	mber 4,2021	
Encerve date <u>a applicable</u> .	(no more than 90 days after amendment file	date)
Note: If the date inserted in this bl document's effective date on the Dep	ock does not meet the applicable statutory filing require partment of State's records.	ements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were adoption was not required.	oted by the incorporators, or board of directors without sl	hareholder action and shareholder
The amendment(s) was/were adopty the shareholders was/were suf	oted by the shareholders. The number of votes east for the ficient for approval.	ne amendment(s)
must be separately provided for e	oved by the shareholders through voting groups. The fol ach voting group entitled to vote separately on the amen	llowing statement idment(s):
"The number of votes cast f	or the amendment(s) was/were sufficient for approval	
by	11	
	(voting group)	
Dated 1242 Signature (By a dir	ector, president or other officer – if directors or officers l	have not been
selected,	by an incorporator - if in the hands of a receiver, trusted fiduciary by that fiduciary)	e, or other court
_	Catherine Sevell	
	(Typed or printed name of person signing)	
_	President.	
	(Title of person signing)	