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(Re	equestor's Name)	
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COVER LETTER

TO: Amendment Section

Division of Corporations				
NAME OF CORPORATION:	arker	Brusher 061461	5 (00	D.A.
DOCUMENT NUMBER:	19000	061461		_
The enclosed Articles of Amendment and fee	are submitted	for filing.		
Please return all correspondence concerning th	is matter to th	ne following:		
		e of Contact Person		
Pa		Firm/ Company		f .
		Z d FZ Address		
	City	State and Zip Code	f(, 3	1508
	o rother	Jordan @	gmail.c	
E-mail address: (to	be used for t	uture annual report	notification)	
For further information concerning this matter.	, please call:			
Joilan Paixer		_at (<u>30 ;</u>) <u>USU</u>	4098
Name of Contact Person		Area Co	de & Daytime Te	elephone Number
Enclosed is a check for the following amount r	nade payable	to the Florida Depa	irtment of State:	
□ \$35 Filing Fee □\$43.75 Filing Fe Certificate of Sta	itus Cer (Ad	3.75 Filing Fee & tified Copy ditional copy is closed)	S52.50 Filin Certificate of Certified Co (Additional is enclosed)	of Status opy Copy
Mailing Address Amendment Section Division of Corporations P.O. Box 6327		Street Address Amendment Section Division of Corporations Clifton Building		
Tallahassee, FL 32314 2661 Executive Center Circ				Circle

Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation of _____

Parker Brothers	5 GMU	> P.A.	
(Name of Corporation as curr	ently filed with the	Florida Dept. of State)	
P1900006146	, \		
	er of Corporation (if	known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, its Articles of Incorporation:	this <i>Florida Profit C</i>	orporation adopts the fo	llowing amendment(s) to
A. If amending name, enter the new name of the corporation	<u>ı:</u>		
name must be distinguishable and contain the word "corpor	Parker	P. A.	The new
name must be distinguishable and contain the word "corpor" Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," word "chartered." "professional association," or the abbreviati B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	or "Co". A profess	or "incorporated" or ional corporation name	the abbreviation must contain the
(Frincipal Office address BIOST BE A STREET ADDRESS)			<u>\$</u>
			25
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office add		enter the name of the	
Name of New Registered Agent			
(Florid	la street address)		
New Registered Office Address:		, Florida	
	(City)		(Zîp Code)
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiary		the obligations of the pos	sition.
Signature of N	ew 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.

Example: X Change	<u>PT</u>	John Do	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	ones	
X Add	<u>sv</u>	Sally Sr	<u>nith</u>	
Type of Action (Check One)	Title		<u>Name</u>	Address
1) Change		_		
Add				
Remove				
2) Change				
Add		_		
Remove				
3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
0 0				
6) Change				
Add				
Remove				

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
	
	
f an amendment provides for an exch	nange, reclassification, or cancellation of issued shares, andment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

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 will document's effective date on the Department of State's records.	l 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)	
(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	
Signature	
(By a director, president opother 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)	_
Joidan Michael Parker	
(Typed or printed name of person signing)	· -
Piesident	
(Title of person signing)	