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(Requestor's Name)					
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PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
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COVER LETTER

Division of Corporations						
NAME OF CORPORATION: See Clear oftical						
DOCUMENT NUMBER: <u>\$4-2690743</u>						
The enclosed Articles of Amendment and fee are submitted for filing.						
Please return all correspondence concerning this matter to the following:						
HARILYN LES PERANCE Name of Contact Person						
See clear offical						
14311 BISCAYNE BIVOL # 1394						
NMAMINI 33261 City/ State and Zip Code						
LESPERANCE Y 929 Concul-Com E-mail address! (to be used for future annual report notification)						
For further information concerning this matter, please call:						
MARILYN 18SPERANCE at (746) 270 9199 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						

Mailing Address

TO: Amendment Section

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

See Char obtical				
(Name of Corporation as currently filed with the Florida Dept. of State)				
<u></u>				
(Document Number of Corporation (if known)				
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendmen its Articles of Incorporation:				
A. If amending name, enter the new name of the corporation:				
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."				
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) # 1394				
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. HIAM, F. 33261 D. BOX 61 1394 D. HAM, F. 33261				
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent MARILY / CSPERANCE				
New Registered Office Address: 14311 BISCOUPAL BINGH 1394 Florida 33261				
New Registered Agent's Signature, if changing Registered Agent: Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.				
Seul				
Signature of New 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, 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 = C. Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each of 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. Ther 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 Chan Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Evamela.	, una na	d muun		yidd,	
Example: <u>X</u> Change	<u>PT</u>	John Do	<u>oe</u>		
X Remove	<u>V</u>	Mike Jo	nes		
X Add	<u>sv</u>	Sally Sr	nith		
Type of Action (Check One)	<u>Title</u>		<u>Name</u>		<u>Addres</u> s
1) Change PRO	<u> 251 Ne</u>	2NT	MA	RILYN LESPERA	NCE
<u></u> ✓ Add					NCE 14311 BISCAYNE
Remove					# 1394 N. Miami, D
2) Change \(\sqrt{\lambda} \lambda \)	e PR	esido	u£_	AMANDAL LE	SPERENCE
Add					14311 BISCOUME B
Remove					# 1394 W. Meani
3) Change					332.
Add					
Remove					
4) Change			 		
Add					19 00
Remove					
5) Change		_			- 2 2 5
Add					2
Remove					
6) Change		_ .			
Add					
Remove					

E. If amending or adding additional Articles, enter change(s) here:	
(Attach additional sheets, if necessary). (Be specific)	
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F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,	<u> </u>
provisions for implementing the amendment if not contained in the amendment itself:	7 7
(if not applicable, indicate N/A)	
	K100: 2-3
	(10:23 (34) (34) (34) (34)
	72
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The date of each amendment(s) add late this document was signed.	option: $09 - 12 - 2019$, if other that
Effective date if applicable:		
	(no more than 90 days after amendment file date	<i>?)</i>
Note: If the date inserted in this blo document's effective date on the Dep	ock does not meet the applicable statutory filing requirement artment of State's records.	its, this date will not be listed as
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were adop by the shareholders was/were suff	ted by the shareholders. The number of votes cast for the am icient for approval.	nendment(s)
	oved by the shareholders through voting groups. The following ach voting group entitled to vote separately on the amendment	
"The number of votes cast for	or the amendment(s) was/were sufficient for approval	
by	(voting group)	
_	sted by the board of directors without shareholder action and	shareholder
The amendment(s) was/were adopaction was not required.	nted by the incorporators without shareholder action and share	cholder
Dated	-03-2019	
Signature	Level	
selected	ector, president or other officer – if directors or officers have, by an incorporator – if in the hands of a receiver, trustee, or diduciary by that fiduciary)	
-	(Typed or printed name of person signing)	RANCE
-	PRESIDE (Title of person signing)	NT
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