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## COVER LETTER

Division of Corporations NAME OF CORPORATION: Identité Inc. DOCUMENT NUMBER:  $\frac{4}{}$ The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: John P. Hertrich Name of Contact Person Identité. Inc. Firm/ Company 3035 Turtle Brooke Address Clearwater FL 33761 City/ State and Zip Code John.Hertrich@identite.us E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: \_at ( 810 ) 338-0000
Area Code & Daytime Telephone Number John, P. Hertrich Name of Contact Person

Enclosed is a check for the following amount made payable to the Florida Department of State:

□\$43.75 Filing Fee &

Certificate of Status

**Mailing Address** 

**\$35** Filing Fee

TO: Amendment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address

☐\$43.75 Filing Fee &

(Additional copy is

Certified Copy

enclosed)

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, Fl. 32303

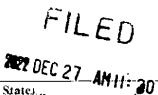
☐\$52.50 Filing Fee

Certified Copy (Additional Copy

is enclosed)

Certificate of Status

## Articles of Amendment to Articles of Incorporation of



Check if applicable

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

			are) = 1 - AN 11:-30-
(Name of	Corporation as curre	ntly filed with the Florida Dept. of St.	etel
		14.	LAHASSEE ESTATE
	(Document Number	r of Corporation (if known)	17 日间影響人
Pursuant to the provisions of section 607.10 ts Articles of Incorporation:	06. Florida Statutes, th	is <i>Florida Profit Corporation</i> adopts th	ne following amendment(s)
A. If amending name, enter the new nam	ne of the corporation:		
N/A		<u>_</u>	The new
name must be distinguishable and contain the "Inc.," or Co.," or the designation "Con" chartered," "professional association," or	p, " "Inc," or "Co".	A professional corporation name m	abbreviation "Corp.," ust contain the word
3. Enter new principal office address, if	if applicable:	N/A	
Principal office address MUST BE A STR		N/A	
		N/A	
C. Enter new mailing address, if applica (Mailing address MAY BE A POST OF		N/A	
···		N/A	
		N/A	
D. If amending the registered agent and/			<u>he</u>
new registered agent and/or the new i	registered office addr	ess:	
Name of New Registered Agent   \( \)	V/A		
,	∛/A		
l'	721 - 13	street address)	
<u>ı</u>	(r toriaa	ACCOMMON CAST	
_	trioriaa VA		da N/A

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.

X Change	<u>PT</u> <u>John</u>	n Doc	
X Remove	<u>V</u> <u>Mik</u>	te Jones	
X Add	<u>SV</u> <u>Sall</u>	y Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	<u>S</u>	John E. Haines	
Add			
X Remove			
2) X Change	CFOS	Kathi Simmonds	3830 Golf Vista Drive
Add			Lapeer M1 48446
Remove 3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
δ) Change			
Add			
Remove			

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<u>lf an amendmer</u>	nt provides for an e	change, reclassific	cation, or cancella	tion of issued sha	res,
provisions for i	implementing the a icable, indicate N/A)	mendment if not co	ontained in the am	endment itself:	
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The date of each amendment(s)	adoption: November 10, 2022	, if other than the
date this document was signed.		
Effective date if applicable: N	/A	
<del></del>	tno more than 90 days after amendment file date	e)
Note: If the date inserted in this document's effective date on the	block does not meet the applicable statutory filing requirement Department of State's records.	nts, this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were a action was not required.	dopted by the incorporators, or board of directors without sharel	holder action and shareholder
The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes east for the ar sufficient for approval.	mendment(s)
	pproved by the shareholders through voting groups. The follows or each voting group entitled to vote separately on the amendme	
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	_
by	(voting group)	
selec	director, president or other officer – if directors or officers have ted, by an incorporator – if in the hands of a receiver, trustee, or inted fiduciary by that fiduciary)  John P. Hertrich	
	(Typed or printed name of person signing)	
	CEO	
	(Title of person signing)	