## P20 000009039

(Re	equestor's Name)	
(Ac	idress)	<del></del>
(Ac	ddress)	
(Ci	ty/State/Zip/Phone #	7)
PICK-UP	☐ WAIT	MAIL
(Bı	usiness Entity Name	)
(Do	ocument Number)	
Certified Copies	Certificates o	f Status
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## COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: SEVEN LAMBS	INVESTMENT INC	
	BER: P20000009039		
	s of Amendment and fee are st	ibmitted for filing.	
Please return all corre	espondence concerning this ma	utter to the following:	
	CALVIN IJOMA		
		Name of Contact Perso	n
	(ALD CROUGH ARE NO	Firm/ Company	
	6918 CROWN LAKE DR	Address	
	GIBSONTON FL 33534	rudiess	
		City/ State and Zip Cod	e
For further information	E-mail address: (to be used) on concerning this matter, plea	sed for future annual report	notification)
CALVIN IJOMA		at (	812-9968
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee	☐\$43.75 Filing Fee & Centificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Am Div P.O	iling Address endment Section ision of Corporations . Box 6327 lahassee, FL 32314	Amend Divisio The Co	Address Iment Section In of Corporations entre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

## SEVEN LAMBS INVESTMENTS INC

5,190, 10 b), 1:0#

SEVEN LAWIDS INVESTMENTS INC	
P20000009039	rrently filed with the Florida Dept. of State)
	nber of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes its Articles of Incorporation:	s, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation	on:
SEVEN LAMPS INVESTMENT INC	The new
name must be distinguishable and contain the word "corporatio "Inc.," or Co.," or the designation "Corp," "Inc," or "Co "chartered," "professional association," or the abbreviation	on," "company," or "incorporated" or the abbreviation "Corp.," o". 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> )	
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 ad  Name of New Registered Agent	e address in Florida, enter the name of the ldress:
(Flore	rida street address)
	ad so cer day ess,
New Registered Office Address:	(City) , Florida
New Registered Agent's Signature, if changing Registered A I hereby accept the appointment as registered agent. I am fam  Signature of N	Agent: niliar with and accept the obligations of the position.  New Registered Agent, if changing
Check if applicable  The amandment(s) infore being filed pursuant to s. 607 0120	)/II//5) E.C
☐ The amendment(s) is/are being filed pursuant to s. 607.0120	( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( (

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	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change			
Add			<u> </u>
Remove			
2) Change			
Add			
Remove 3 ) Change			
Add			
Remove			
4) Change		<u> </u>	<u> </u>
Add			<del> </del>
Remove			
5) Change		<u> </u>	
Add			
Remove		_	
6) Change			
Add			
Remove			

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<u>ramendment provides for an exch</u>	<u>ange, reclassific</u>	ation, or canc	ellation of issued	shares,	
ovisions for implementing the amen (if not applicable, indicate NA)	<u>ndment if not co</u>	<u>intained in the</u>	amendment itse	<u>f:</u>	
(y noi appucanie, maicaie NA)					
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The date of each amendment(s date this document was signed.	) adoption:, if other than the
Effective date <u>if applicable</u> :	
	(no more than 90 days after amendment file date)
Note: If the date inserted in thi document's effective date on the	s block does not meet the applicable statutory filing requirements, this date will not be listed as the Department of State's records.
Adoption of Amendment(s)	( <u>CHECK ONE</u> )
The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.
☐ The amendment(s) was/were must be separately provided	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):
"The number of votes c	ast for the amendment(s) was/were sufficient for approval
by	
	(voting group)
10/14/20 Dated Signature	
(By a selec	director, president or other officer – if directors or officers have not been eted, by an incorporator – if in the hands of a receiver, trustee, or other court sinted fiduciary by that fiduciary)
	CALVIN IJOMA
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)