P20000010089

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COVER LETTER

TO: Amendment Se Division of Cor			;	
NAME OF CORPO	ORATION: Ghostly Experience	es, Inc.		
	1BER: P20000010089			
The enclosed Article	es of Amendment and fee are su	bmitted for filing.		
Please return all corr	respondence concerning this ma	tter to the following:		
	Timothy Arnwine			
		Name of Contact Perso	n	
	Ghostly Expereinces, Inc.			
		Firm/ Company		
	1230 NW 144 Ave	Time Company		
		Address		
	Pembroke Pines, Florida 330	28		
		City/ State and Zip Cod	e	
	arnwinetimothy3@gmail.con	ı		
	E-mail address: (to be us	sed for future annual report	notification)	
For further informati	on concerning this matter, pleas	se call:		
Timothy Amwine		at (<u>954</u>) 895-7999 de & Daytime Telephone Number	
Namo	e of Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check	for the following amount made	payable to the Florida Dep	artment of State:	
☐ \$35 Filing Fee	■\$43.75 Filing Fee & Certificate 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)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327		Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810		
1 a	Hahassee, FL 32314		assee. FL 32303	

Articles of Amendment to Articles of Incorporation of

(Document Numl	ber of Corporation (if know	n)	
ursuant to the provisions of section 607.1006, Florida Statutes, s Articles of Incorporation:	this Florida Profit Corpor	ation adopts the followin	ng amendment(s)
. If amending name, enter the new name of the corporatio	<u>n:</u>		
			_The new
ame must be distinguishable and contain the word "corporation Inc.," or Co.," or the designation "Corp," "Inc," or "Co chartered," "professional association," or the abbreviation "I	". A professional corpore	orated" or the abbreviation ation name must contai	on "Corp.," in the word
Enter new principal office address, if applicable:	·		
Principal office address <u>MUST BE A STREET ADDRESS</u>)		AL	2022
			<u>E</u> TI
		<u> </u>	
Enter new mailing address, if applicable:		ഗ : ; 	5 I
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	· · · · · · · · · · · · · · · · · · ·		I
			5
	<u></u>	ST.	99
. 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 ado			
Name of New Registered Agent			_
(Florid	da street address)		-
New Registered Office Address:		, Florida	
	(City)	(Zip)	Code)
ew Registered Agent's Signature, if changing Registered A	gent:		
hereby accept the appointment as registered agent. I am fami		igations of the position.	

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	<u>PT</u> <u>John</u>	1 Doe	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
X Add	<u>SV</u> <u>Sall</u>	y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	Director	Eric Vanderlaan	9640 NW 4 Street
Add			Pembroke Pines, Fl 33024
X X Remove			
2) Change	Secretar	Eric Vanderlaan	9640 NW 4 Street
Add			Pembroke Pines, Fl 33024
$\frac{x \times}{}$ Remove Change			
Add			
Remove 4) Change			ZIZZ JUL -
Add Remove			
5) Change Add		 	PH 2: 09
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Ar (Attach additional sheets, if necessary).	(Be specific)				
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. If an amendment provides for an excl	iange, reclassific	cation, or cance	<u>llation of issued s</u>	hares,	
provisions for implementing the ame (if not applicable, indicate N/A)	nament it not co	ontained in the	<u>amendment</u> itself.	<u>:</u>	
(y oor appreciate, mineric 1971)					
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		<u>_</u>			
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	-	··· <u> </u>	·- ·-	.	

The date of each amendment(s) date this document was signed.	adoption:	, if other than the
Effective date if applicable:		
<u>-</u>	(no more than 90 days after amendment	file date)
Note: If the date inserted in this document's effective date on the	block does not meet the applicable statutory filing req Department of State's records.	quirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were a action was not required.	dopted by the incorporators, or board of directors withou	at shareholder action and shareholder
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast fo sufficient for approval.	or the amendment(s)
☐ The amendment(s) was/were a must be separately provided for	pproved by the shareholders through voting groups. The or each voting group entitled to vote separately on the ar	: following statement mendment(s):
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by	پ	F JUL
	(voting group)	AHAS.
Dated	10/20/2022	SECTOR I
Signature		2: 09
select	director, president or other officer – if directors or office ed, by an incorporator – if in the hands of a receiver, trust tiduciary by that fiduciary)	ers have not been stee, or other court
	TIMOTHY ALDRICE	
	(Typed or printed name of person signing)	
	1 DESIDENT	
	(Title of person signing)	