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(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone	
	,
PICK-UP WAIT	MAIL
(Business Entity Name)
(Document Number)	
Certified Copies Certificates of	of Status
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COVER LETTER

TO: Amendment Section

Division of Corporations	
NAME OF CORPORATION: GENT DOCUMENT NUMBER: P2000	LEMEN, INC.
DOCUMENT NUMBER: P2000	00014493
The enclosed Articles of Amendment and fee are	
Please return all correspondence concerning this	matter to the following:
	Lee Lef Kowlitz Name of Contact Person
	304 Indian Trace #182
	Weston FL 33326
	City/ State and Zip Code
\\\e	FKO att. net e used for future annual report notification)
E-mail address: (to be	e used for future annual report notification)
For further information concerning this matter, pl	lease call:
Lee Lefrouitz	- a1, 954, 298-3116
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made	de payable to the Florida Department of State:
\$35 Filing Fee & Certificate of Status	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810
	Tallahassee, Fl. 32303

Articles of Amendment to

Article	s of Incorporatio	n		
GEATTE	MEN, I	- N/	2.25	21 11 4:50
(Name of Corporation as c		h the Florida Dept.	of State)	
	200144°		,	
(Document Nu	mber of Corporati	ion (if known)		
Pursuant to the provisions of section 607.1006. Florida Statutits Articles of Incorporation:	es, this <i>Florida Pr</i>	ofit Corporation add	opts the followi	ng amendment(s) to
A. If amending name, enter the new name of the corporat	tion:			
	A	_		The new
name must be distinguishable and contain the word "corporat "Inc.," or Co.," or the designation "Corp," "Inc," or "c "chartered," "professional association," or the abbreviation	Co". A professio	or "incorporated" o onal corporation na	or the abbreviat me-must-conta	ion "Corp.," iin the word
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	U A		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		MA		
D. If amending the registered agent and/or registered office a new registered agent and/or the new registered office a	ce address in Flo address:	rida, enter the nam	e of the	
Name of New Registered Agent		N/A		_
(Fle	orida street address)			_
New Registered Office Address:			Florida	
	(City)	<u> </u>		Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fa	Agent: miliar with and ac	cept the obligations	of the position.	
		,		

Signature of New Registered Agent, if changing

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)

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	PT John Doe	
X Remove	<u>V</u> <u>Mike Jones</u>	
X Add	SV Sally Smith	
Type of Action (Check One)	<u>Title</u> <u>Name</u>	Address
1) Change	P JARED FINK	9900 W. Sumple Rd.
Add Remove		Coyal Springs Fi 33065 Ste.101
2) Change	CFO LEE LEFKOW	
Add Remove Change		Coral Springs H 33065 Ste. io1
Add Remove 4) Change Add		
Remove 5) Change Add		
Remove 6)ChangeAdd		
Remove		

		
	N/	
	A	
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n amendment provides for an exchange, r	assification, or cancellation of issued	shares,
ovisions for implementing the amendment (if not applicable, indicate N/A)	not contained in the amendment itse	<u>If:</u>
(y ma appreciate, marcae, m		
		
<u>_</u>		
	A	
— — ——————————————————————————————————	— <i>A</i> -	
		

The date of each amendment(s) adoption:	NIA	, if other than the
date this document was signed.	,	
Effective date if applicable:	N/a	
(no more than 90	days after amendment file date)	
Note: If the date inserted in this block does not meet the applica document's effective date on the Department of State's records.	able statutory filing requirements, this date	will not be listed as the
Adoption of Amendment(s) (CHECK ONE)		
The amendment(s) was/were adopted by the incorporators, or be action was not required.	oard of directors without shareholder action	and shareholder
☐ The amendment(s) was/were adopted by the shareholders. The by the shareholders was/were sufficient for approval.	number of votes east for the amendment(s)	
☐ The amendment(s) was/were approved by the shareholders thromust be separately provided for each voting group entitled to v		
"The number of votes east for the amendment(s) was/were	e sufficient for approval	
by		
(voting group)		
Dated	12020	
Signature (By a director president or other office	er – 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)	_ 1	
JARED!	FINK	
(Typed or printed n	ame of person signing)	
MANAG	er President	
(Title of person sign	ning) /	