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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: Asher- Aldrich & Ana Corp				
DOCUMENT NUMBER:				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this m	atter to the following:			
Anita B 'Weal Name of Contact Person				
	Name of Contact Person			
Asher- Aldrich ? And Corp Firm/ Company				
	1 7			
427 Canary Way Apt OH Address				
Address				
Altanume Springs, 1	FL 32714 City/ State and Zip Code			
	City/ State and Zip Code			
<b>AS</b> A	Tagas Colona I Colo			
E-mail address: (to be u	ice or cologhal. Consider of future annual report notification)			
	is the distance in the second			
For further information concerning this matter, plea	ase call:			
Anita Veal	at (407 ) 607 -0163			
Name of Contact Person	at ( 407 ) 607 -0163  Area Code & Daytime Telephone Number			
Enclosed is a check for the following amount made payable to the Florida Department of State:				
\$35 Filing Fee \$\times \text{Certificate of Status}\$	S43.75 Filing Fee & S52.50 Filing Fee Certified Copy Certificate of Status (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed)			
Mailing Address Street Address				
Amendment Section Division of Corporations	Amendment Section			
P.O. Box 6327	Division of Corporations The Centre of Tallahassee			
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810			
	Tallahassee, FL 32303			

## **Articles of Amendment** to Articles of Incorporation of

Asher- Aldrich ? Ana Carp	
(Name of Corporation as currently	filed with the Florida Dept. of State)
P700001576	
(Document Number of C	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this Fi its Articles of Incorporation:	lorida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation," "co "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	mpany," or "incorporated" or the abbreviation "Corp.," professional corporation name must contain the word
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
(Trucipal office and cos meets be restricted to the second	
	2020 1AR
	A R
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	23
(174.11.11)	-0
	<u> </u>
	<del></del>
D. If amending the registered agent and/or registered office addre	ss in Florida, enter the name of the
new registered agent and/or the new registered office address:	
Name of New Registered Agent	
	•
(Florida stree	et address)
New Registered Office Address:	, Florida
Hew Registered Office Address.	City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent. I am familiar wi	th and accept the obligations of the position.
Signature of New Res	gistered Agent, if changing
,	
Charle 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>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change	V	Canice Okun	827 Canara Lay Apt a
Add			Altamoste Springs, FL
Remove			32714
2) Change			
Add		·	
Remove Change			
Add			
Remove		•	
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
_ Remove			

mending or adding additional Articles, enter change(s) here: ach additional sheets, if necessary). (Be specific)	
mending or adding additional Articles, enter change(s) here: sch additional sheets, if necessary). (Be specific)	, - , -
mending or adding additional Articles, enter change(s) here: sch additional sheets, if necessary). (Be specific)	
ach additional sneets, if necessary). (Be specific)	
	<u>.                                    </u>
	·
	<u> </u>
n amendment provides for an exchange, reclassification, or cancellation of issue	ed shares,
ovisions for implementing the amendment if not contained in the amendment it (if not applicable, indicate N/A)	<u>iself:</u>
(ij noi applicable, inalcale WA)	
	<del> </del>

The date of each amendment(s) as	loption:	, if other than the
date this document was signed.		
Effective date if applicable:	3/iel 70	
	(no more than 90 days after amendment	file date)
Note: If the date inserted in this b document's effective date on the De	lock does not meet the applicable statutory filing rec partment of State's records.	quirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were add action was not required.	pted by the incorporators, or board of directors witho	ut shareholder action and shareholder
☐ The amendment(s) was/were add by the shareholders was/were su	pted by the shareholders. The number of votes cast fificient for approval.	or the amendment(s)
	roved by the shareholders through voting groups. The each voting group entitled to vote separately on the a	
"The number of votes cast	for the amendment(s) was/were sufficient for approve	al
by		,,
·	(voting group)	
Dated 3	ta/20	
Signature		
	rector, president or other officer - if directors or offic	ers have not been
· •	i, by an incorporator - if in the hands of a receiver, tru	
appoint	ed fiduciary by that fiduciary)	
	(Typed or printed name of person signing)	
	(Typed or printed name of person signing)	
	Wesident	
	(Title of person signing)	