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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: Asher - 1	Aldrich 3 Ana	Cur7
DOCUMENT NUMBI	ER: <u>P20000015</u>	362	
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.	
Please return all corresp	ondence concerning this ma	tter to the following:	
_	Can	Name of Contact Person	
		Name of Contact Persor	1
	Asher-	MIGGLEN & Ama C	se C
_		Noc.cm き谷ma C Firm/ Company	
	827 Canacan w	47 # 307	
_	827 Canaron W	Address	
_	TO TOP AND	Springr, FL 32 City/ State and Zip Code	e
_	Caniceo	ed for future annual report	
	E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
Canic	e Uzoro	at (796	707 - 567.5 de & Daytime Telephone Number
Name 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 Tallahassee, FL 32314		Ameno Divisio The C	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation

FILED

2022 JAN 14 AM 8: 18 Arher - Aldrich & Ana Corp (Name of Corporation as currently filed with the Florida Dept. of State) IARY OF STATE TALLAHASSET. FILE P Z 00000 15362 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." 500 Eart State Road 434 H 5104 B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Lung-0-1 FL 32750 C. Enter new mailing address, if applicable: 500 Ecolo Chare Point 437 Suite 6 LUM (Mailing address MAY BE A POST OFFICE BOX) D. 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 address: Name of New Registered Agent Jack; c 0185 (Florida street address) New Registered Office Address: Longwood Florida 32750
(City) (Zip Code) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position. TUNICOLS
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)

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>	John De	<u>oe</u>	
X Remove	> *	<u>V</u>	Mike Jo	ones	
<u>X</u> Add		<u>sv</u>	Sally S	mith	
Type of Action (Check One)		<u>Title</u>		Name	<u>Addres</u> s
1) Change		P	_	Anita B Neal	827 Congres way Unz 307
Add					Alterente Spengs, FL
V Remove					32714
2) Change		V		Carice OFOR	FIT CANGES WAY UNIT 307
Add		K	eep		Altenuate (Prinss, FC
3) Change			_		72714
Add					
Remove					
h Change		M61	<u>Z</u>	Asher - Aldrich ! And Corp	Suc East State Road 474
					Hhay junguous TL
Remove					32750
5) Change			_		
Add					
Remove					
6) Change			_		
Add					
Remove					

	option:	, if other than th
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment fi	ile date)
Note: If the date inserted in this blocument's effective date on the De	ock does not meet the applicable statutory filing requ partment of State's records.	irements, this date will not be listed as th
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ado action was not required.	pted by the incorporators, or board of directors without	shareholder action and shareholder
☐ The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for fficient for approval.	the amendment(s)
must be separately provided for	roved by the shareholders through voting groups. The each voting group entitled to vote separately on the am	
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	(voting group)	•
	(voting group)	
Dated 1181	7022	
Signature [2	7022 rector, president or other officer – if directors or officer	
(By a di	rector, president or other officer – if directors or officer	rs have not been
	l, by an incorporator – if in the hands of a receiver, trus ed fiduciary by that fiduciary)	tee, or other court
арропи	ed fiduciary by that fiduciary)	
	(Typed or printed name of person signing)	
•	(Typed or printed name of person signing)	
	Vice President	
	(Title of person signing)	