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(Re	questor's Name)	
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PICK-UP	WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	<u></u>
Certified Copies	_ Certificates	of Status
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COVER LETTER

TO: Amendment Section

Division of Corporations		• *	
NAME OF CORPORATION: <u>A+R</u> DOCUMENT NUMBER: <u>F2000002</u>	Enterprises	Inc.	
DOCUMENT NUMBER: <u>\$\int 200000 a</u>	9204		
The enclosed Articles of Amendment and fee are			
Please return all correspondence concerning this	matter to the following:		
Antonio S	Shinn Name of Contact Person		
A+R Ent	Name of Contact Person EV. D.L. S.L. S. Toc Firm/ Company	1	
<u>5561 Bluet</u>	ick Drive		
Orlando, F	City/ State and Zip Cod	······································	
Antonioshinn E-mail address: (to be	76 9mail. con	notification)	
For further information concerning this matter, p	lease call:		
Antonio Shinn	at (404) 218 - 6685 de & Daytime Telephone Number	
Enclosed is a check for the following amount ma	de payable to the Florida Dep	artment of State:	
\$35 Filing Fee Sectificate of Status		☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address		Address	
Amendment Section Division of Corporations		Amendment Section Division of Corporations	
P.O. Box 6327		The Centre of Tallahassee	
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

Articles of Amendment

to

Articles of Incorporation of

FILED

P2000	erprises, JARI, FEB-1 PM 12:58 as correctly filed with the Florida Dept. of State) OO29204 SECRETARY OF STATE TALLAHASSEE, FL
(Document	Number of Corporation (if known)
ursuant to the provisions of section 607,1006, Florida Sus Articles of Incorporation:	atutes, this Florida Profit Corporation adopts the following amendment(s) to
. If amending name, enter the new name of the corpo	aration:
N/A	The new
ame must be distinguishable and contain the word "corpo lnc.," or Co.," or the designation "Corp." "Inc." or chartered," "professional association," or the abbrevial	wation," "company," or "incorporated" or the abbreviation "Corp.," r "Co". A professional corporation name must contain the word tion "P.A."
. <u>Enter new principal office address, if applicable:</u> Principal office address <u>MUST BE A STREET ADDRE</u>	<u>N/H</u>
Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>)	N/A
 If amending the registered agent and/or registered new registered agent and/or the new registered offi 	
Name of New Registered Agent Name of New Registered Agent	
/	
	(Florida street address)
New Registered Office Address: NH	, Florida
/	(City) (Zip Code)
ew Registered Agent's Signature, if changing Registe	ered Agent:
hereby accept the uppointment as registered agent. I an	n familiar with and accept the obligations of the position.
. 1 / .1.	
$\frac{N/K}{N}$	e of New Registered Agent, if changing
Signatur	e 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 Doc 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 Doc, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	<u>PT</u> <u>John</u>	<u>Doe</u>	
X Remove	<u>V</u> <u>Mike</u>	<u>Jones</u>	
X Add	<u>SV</u> <u>Sally</u>	Smith	
Type of Action (Check One)	Title	Manie	<u>Address</u>
1) Change	VP, S	Ronnie Alston	1050 Lenox Park Blud. NE # 16103
Add Remove	,		#16103 Atlanta, GA 30319
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

. If amending or adding additional Articles, enter change(s) here:	
(Attach additional sheets, if necessary). (Be specific)	
lla	
J/A	
If an amendment provides for an exchange, reclassification, or cancellation of issued shares,	
provisions for implementing the amendment if not contained in the amendment itself:	
(if not applicable, indicate N/A)	
I A	
	
	

The date of each amendment(s) ac	loption: 1- 25-2021	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file dat	(*)
Note: If the date inserted in this b document's effective date on the De	lock does not meet the applicable statutory filing requirement of State's records.	ents, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were addaction was not required.	opted by the incorporators, or board of directors without share	cholder action and shareholder
☐ The amendment(s) was/were add by the shareholders was/were so	opted by the shareholders. The number of votes east for the a ifficient for approval.	mendment(s)
	proved by the shareholders through voting groups. The joilow each voting group entitled to vote separately on the amendm	
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
DatedSignature	25-2021 onio Sui	
(By ≰di selected	irector, president or other officer – if directors or officers haved, by an incorporator – if in the hands of a receiver, trustee, of ted fiduciary by that fiduciary)	
	Artonio Shiny (Typed or printed name of person signing)	
	President	
	(Title of person signing)	