## P20000033139

(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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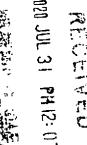


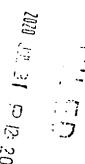
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: SPOCKIC E	Edges Inc.
DOCUMENT NUMBER: <u>P20000</u> <u>S</u>	33139
The enclosed Articles of Amendment and fee are subm	nitted for filing.
Please return all correspondence concerning this matte	er to the following:
Shaur	ee Mabky
Sparkle	Name of Contact Person  Edges  Firm/ Company
	Firm Company  ox rd. Apt 425
Tallahassee, EL	City/ State and Zip Code
Shaurees 23 file	I for future annual report notification)
E-mail address: (to be used	for future annual report notification)
For further information concerning this matter, please	call:
Shaure Mobley	at (850) 300-2807
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made page	yable to the Florida Department of State:
\$35 Filing Fee	S43.75 Filing Fee & S52.50 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	Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment

## to Articles of Incorporation

Should Flore Tr	
(Name of Corporation as currently	filed with the Florida Dept. of State)
Parrion 22/29	
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	lorida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	NA 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."	ompany," or "incorporated" or the abbreviation "Corp.,"
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )	NA CONTRACTOR OF THE PROPERTY
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
D. If amending the registered agent and/or registered office address:	ss in Florida, enter the name of the
Name of New Registered Agent (Florido Area	ų deldress)
New Registered Office Address:	. Florida
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent.—I am familiar wit	th and accept the obligations of the position.
Signature of New Reg	istered 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 Jo	hn Doe	
X Remove	<u>V</u> <u>M</u>	ike Jones	
X Add	<u>SV</u> Sa	ally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) X Change	<u>P</u>	Shaurce Mobbley	501 blanstne rd. Apt 425
Add			Tallahasee, FL 32301
Remove 2) Change	<u>_</u> P	Tolaira Mobley	501 blanstone rd. Art405
Add			Tallahasice, R 32301
Remove Change			
Remove			
4) Change			<del></del>
Add			
Remove			
5) Change	<del></del>		
Add			<del></del>
Remove			
6) Change			
Remove			

tach additional sheets, i	ditional Articles, enter change(s) here: necessary). (Be specific)	
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	·	
n amendment provide	for an exchange, reclassification, or cancellation of	of issued shares.
ovisions for implemen (if not applicable, ind	ing the amendment if not contained in the amendn	ment itself:
у пол црраенове, па	2	
	1,1,	
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The date of each amendment(s) a	doption:	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this be document's effective date on the De	lock does not meet the applicable statutory filing requirements, the partment of State's records.	nis date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were add action was not required.	opted by the incorporators, or board of directors without shareholde	r action and shareholder
☐ The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendatificient for approval.	ment(s)
☐ The amendment(s) was/were appropriately provided for	proved by the shareholders through voting groups. The following st each voting group entitled to vote separately on the amendment(s).	'atement :
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by		
•	(voting group)	
Dated July Signature (By a d	30, 3030 anter Molly frector, president or other officer – if directors or officers have not be	been
	1, by an incorporator – if in the hands of a receiver, trustee, or other	
appoin	ed fiduciary by that fiduciary)	
	Shaurce Mobley (Typed or printed name of person signing)	
	Prosident	
	(Title of person signing)	