## P20000035925

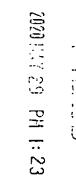
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	DRATION:	ROUP INC				
DOCUMENT NUM	IBER: P20000035925					
	s of Amendment and fee are su	bmitted for filing.				
Please return all corr	espondence concerning this ma	tter to the following:				
	VICTOR VERDI					
		Name of Contact Person	1			
	VERDI ASSOCIATES GROUP INC					
		Firm/ Company				
	9681 NW 58TH COURT					
		Address				
	PARKLAND, FLORIDA 33	076				
		City/ State and Zip Cod	e			
	vicverdi@comcast.net					
	•	sed for future annual report	notification)			
For further informati	on concerning this matter, pleas	se call: 732	829 8397			
Name	e of Contact Person	Area Code & Daytime Telephone Number				
Enclosed is a check t	for the following amount made	payable to the Florida Depa	artment of State:			
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)			
Mailing Address			Address			
	nendment Section	Amendment Section				
	vision of Corporations  D. Box 6327	Division of Corporations The Centre of Tallahassee				
	J. Box 6327 Ilahassee, FL 32314	2415 N. Monroe Street, Suite 810				

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

М	4	LE	$\mathbf{AG}_{L}$	AC'	r GF	tOl	JΡ	IN	C

(Name of Corporatio	on as currently filed with the Florida Dept. of State)	
P20000035925		
(Docume	nent Number of Corporation (if known)	<del> </del>
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following	g amendment
A. If amending name, enter the new name of the cou	rporation:	
M4 LEGACY GROUP INC		The new
name must be distinguishable and contain the word "con"." or Co.," or the designation "Corp," "Inc," "chartered," "professional association," or the abbrev	orporation," "company," or "incorporated" or the abbreviation or "Co". A professional corporation name must contain viation "P.A."	on "Corp.,"
B. Enter new principal office address, if applicable:		
(Principal office address MUST BE A STREET ADD	PRESS )	~2
	<del></del>	<del>20</del>
		<u> </u>
C. Enter new mailing address, if applicable:	: <del>-</del>	63 1
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>	\`
		PH
		- <del>:</del> -
		<del>¦š</del> -
D. If amending the registered agent and/or registered		
new registered agent and/or the new registered of	office address:	
Name of New Registered Agent		_
	(Florida street address)	-
New Registered Office Address:	, Florida	
New Registered Coffice Address.	<del></del>	Code)
New Registered Agent's Signature, if changing Regi	istered Agent: I am familiar with and accept the obligations of the position.	
I nereny accept the appointment as registered agent.	t am jamular with and accept the obligations of the position.	
		_
Signa	nture of New Registered Agent, if changing	
Check if applicable		
to the state of th		

☐ 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, as 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 = Chi Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office het 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 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 Chang Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	<u>PT</u>	John Doe	
X Remove	<u>Y</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			
Remove			<u> </u>
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			<del></del>
Add			
Remove			
5) Change			
Add			
Remove			<del></del>
6) Change			
Add			
Remove			

E. If amending or adding additional Art (Attach additional sheets, if necessary).	(Be specific)
N/A	
V//	
<u> </u>	
If an amendment provides for an exc	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	endment if not contained in the amendment user.
N/A	
V/A	
	<del></del>

The date of each amendment(s) adoption:		, if other than th
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amen	dment file date)
Note: If the date inserted in this block doe document's effective date on the Departmen	s not meet the applicable statutory filit of State's records.	ng requirements, this date will not be listed as th
Adoption of Amendment(s)	CHECK ONE)	
■ The amendment(s) was/were adopted by action was not required.	he incorporators, or board of directors	without shareholder action and shareholder
☐ The amendment(s) was/were adopted by by the shareholders was/were sufficient to		cast for the amendment(s)
☐ The amendment(s) was/were approved by must be separately provided for each vol	the shareholders through voting group ing group entitled to vote separately or	os. The following statement in the amendment(s):
"The number of votes cast for the a	mendment(s) was/were sufficient for a	pproval
by		<u> </u>
(	voting group)	
05/22/2020 Dated	B. Petta Cla	: Anst \
selected, by an	resident or other officer – if directors of neorporator – if in the hands of a receivary by that fiduciary)	
MARK	PITTS	
	(Typed or printed name of person si	gning)
PRESIG	DENT	
<del></del>	(Title of person signing)	<u> </u>