P2 0000052643

(Requestor's Name)			
(Address)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
Special instructions to 1 mily Officer.			

Office Use Only



400353402604

10/19/20--01028--005 **35.00

Hamind

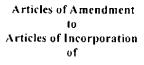
NOV 23 2020 I ALBRITTON

COVER LETTER

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: For further information concerning this matter, please call: Name of Contact Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee ☐\$43.75 Filing Fee & □\$43.75 Filing Fee & \$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303





(Name of Corporation as currently filed with the Florida Dept. of State)

P200000536.13

	F20000032643	
(Docume	nt Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Sits Articles of Incorporation:	tatutes, this Florida Profit Corporation adopts the following an	nendmer
A. If amending name, enter the new name of the cor	porațion:	
name must be distinguishable and cantain the word "core	The oration," "company," or "incorporated" or the abbreviation "Company," or "incorporated" or "Company," or "Co	e new
"Inc.," or Co.," or the designation "Corp." "Inc," chartered," "professional association," or the abbrevi	or "Co". A professional corporation name must contain the	e word
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDR</u>	ESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
D. Kamandina the unitered and 16 miles		
 If amending the registered agent and/or registered new registered agent and/or the new registered of 		
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:		
	(City) (Zip Code)	ļ
New Registered Agent's Signature, if changing Regist	ered Agent:	
t hereby accept the appointment as registered agent. La	m familiar with and accept the obligations of the position.	
Signatu	re 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:

 $P = President; \ F = Vice President; \ T = Treasurer; \ S = Secretary; \ D = Director; \ TR = Trustee; \ C = Chairman or Clerk; \ CEO = Chief Executive Officer; \ CFO = Chief Financial Officer. \ If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.$

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	V Mike Jones	
<u>X</u> Add	SV Sally Smith	
Type of Action (Check One)	<u>Title</u> <u>Name</u>	<u>Addres</u> s
1) Change	UP LINEA CHERICUS	4853 NE 1STHAVE
X Add		POMPANO BEACH, FL 330
Remove		
2) Change		
Add		
Remove Change		
Add		
Remove		
4) Change		
Add		
Remove		
5) Change		
Add		
Remove		
6) Change		
Add		
Remove		

The date of each amendment(s) ad date this document was signed.	loption:	, if other than the
Effective date <u>if applicable</u> :	10/15/2020	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bl document's effective date on the De	lock does not meet the applicable statutory filing requirements, this dapartment of State's records.	te will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were adopaction was not required.	pted by the incorporators, or board of directors without shareholder actic	on and shareholder
☐ The amendment(s) was/were adop by the shareholders was/were suf	pted by the shareholders. The number of votes east for the amendment(sflicient for approval.	;}
☐ The amendment(s) was/were appromust be separately provided for e	roved by the shareholders through voting groups. The following stateme each voting group entitled to vote separately on the amendment(s):	nt
"The number of votes cast f	for the amendment(s) was/were sufficient for approval	
ьу	(voting group)	
	(voting group)	
Dated	10/15/2020	
Signatur 🛭 🚄	Alomon SONBY	
(By a dir	ector, president or other officer -if directors or officers have not been	
selected. appointe	, by an incorporator – if in the hands of a receiver, trustee, or other courted fiduciary by that fiduciary)	
	SONDY SALOMON	
_	(Typed or printed name of person signing)	
	PRESIDENT	
_	(Title of nerson signing)	