P20000057552

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: 6 MAN CREW, II	NC.			
DOCUMENT NUMB	P20000057552		· · ·		
The enclosed Articles of	f Amendment and fee are su	abmitted for filing.			
Please return all corresp	ondence concerning this ma	ntter to the following:			
1	KAREN ESTRY, ESQUIRE	:			
_		Name of Contact Persor	1		
1	KAREN ESTRY, P.A.				
-	Firm/ Company				
:	516 DOUGLAS AVENUE, SUITE 1106				
-		Address			
,	ALTAMONTE SPRINGS, F	FL 32714			
_		City/ State and Zip Cod	૯		
ı	KAREN@ALTAMONTEL/	AW.COM			
_		sed for future annual report	notification)		
Tan Carlo a la Caracia					
For turther information	concerning this matter, plea	se can:			
KAREN ESTRY, ESQ	UIRE	at (869-0900		
Name of	Contact Person	at (407) 869-0900 Area Code & Daytime Telephone Number			
Enclosed is a check 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 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 Articles of Incorporation of

6 MAN CREW, INC.

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

P20000057552

ent(s) to

	(Document Number of Corporation (It known)	· · · · · · · · · · · · · · · · · · ·
Pursuant to the provisions of section 607.10 its Articles of Incorporation:	006. Florida Statutes, this <i>Florida Profit Corporation</i> adopts th	e following amendme
A. If amending name, enter the new nam	ne of the corporation:	
		The new
	he word "corporation," "company," or "incorporated" or the c rp," "Inc," or "Co". A professional corporation name m or the abbreviation "P.A."	ubbreviation "Corp.,"
B. Enter new principal office address, if (Principal office address MUST BE A STI		
C. Enter new mailing address, if applica (Mailing address MAY BE A POST O)		
D. If amending the registered agent and/ new registered agent and/or the new i	/or registered office address in Florida, enter the name of the	<u></u>
	TESTITE OFFICE ACCUSATE	
Name of New Registered Agent		
_	(Florida street address)	
New Registered Office Address:	Floric	fa
	Ciù	rząr Coaer
New Registered Agent's Signature, if chall hereby accept the appointment as register	anging Registered Agent: red agent.—I am familiar with and accept the obligations of the	position.
	Signature of New Registered Agent if changing	

Check if applicable

 \square 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	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	v	NESTRO VASQUEZ, JOSE	26933 RED FARM ROAD
Add			MOUNT DORA, FL 32757
X Remove			
2) Change	C	SANCHEZ, RICARDO	26933 RED FARM ROAD
Add			MOUNT DORA, FL 32757
X Remove Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change		_	
Add			
Remove			

	al sheets, if necess	sary). (Be spec	zific)			
					_ .	<u> </u>
				·		
						
-						_
						
	<u> </u>					
<u>an amendme</u>	nt provides for a implementing th	<u>n exchange, rec</u> le amendment if	lassification, or	<u>cancellation of i</u> n the amendme	ssued shares,	
(if not app	licable, indicate 8	VA)	· · · · · · · · · · · · · · · · · · ·	T CHE MINE TO THE	11.7011.	
			-		<u> </u>	·
						
		. =			<u> </u>	,
					•	

The date of each amendment(s) a	doption:	if other than the
date this document was signed. 10/ Effective date if applicable:	15/2021	
	(no more than 90 days after amendment file date)	.
Note: If the date inserted in this bedocument's effective date on the D	block does not meet the applicable statutory filing requirements, epartment of State's records.	this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were ad action was not required.	opted by the incorporators, or board of directors without sharehol	der action and shareholder
☐ The amendment(s) was/were ad by the shareholders was/were so	opted by the shareholders. The number of votes cast for the amer ufficient for approval.	ndment(s)
	proved by the shareholders through voting groups. The following reach voting group entitled to vote separately on the amendment	
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	·	
	(voting group)	
Dated	10/22/201	
Signature	1 to the second	<u></u>
selecte	lirector, president of other officer – if directors or officers have noted, by an incorporator – if in the hands of a receiver, trustee, or other fiduciary by that fiduciary)	
	WALTER S. NOVILLO	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	