Pa000058425

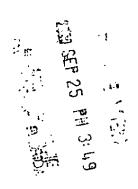
| (Requestor's Name) |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| (Address) |
| (and a second s |
| (Address) |
| |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (0) |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
| |
| |
| |
| |
| |

Office Use Only



800352688558

09/28/20--01001--006 **85.00



738 | 25 PH I+OI

C. GOLDEN SEP 2 5 2020

COVER LETTER

TO: Amendment Section

| Division of Corporations | n |
|------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| NAME OF CORPORATION: | Smith Enterprises Inc. |
| DOCUMENT NUMBER: <u>P2 000</u> | 00058625 |
| The enclosed Articles of Amendment and fee are | e submitted for filing. |
| Please return all correspondence concerning this | matter to the following: |
| La Shon C. 4548 La Drlando M25 E-mail address: (to b | Name of Contact Person L. Smith Enterprises Inc Firm/ Company Shiftons & Company Address Address City/ State and Zip Code MITH UN MED AMAIL Company Decide used for future annual report notification) |
| For further information concerning this matter, p | at (321) 352 \ \ 299 |
| Name of Contact Person | Area Code & Daytime Telephone Number |
| Enclosed is a check for the following amount ma | ade payable to the Florida Department of State: |
| ☐ \$35 Filing Fee ☐\$43.75 Filing Fee Certificate of State | - |
| 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, Ft. 32303

Articles of Amendment

to Articles of Incorporation

| C.L. Smith | Enterprises Inc. as currently filed with the Florida Dept. of State (22) \$ 25 PH 4: 01 |
|--------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| P2000005862 | |
| | nt Number of Corporation (if known) |
| Pursuant to the provisions of section 607,1006. Florida its Articles of Incorporation: | Statutes, this Florida Profit Corporation adopts the following amendment(s) to |
| A. If amending name, enter the new name of the cor | poration: |
| | The new |
| | poration," "company," or "incorporated" or the abbreviation "Corp.," or "Co". A professional corporation name must contain the word iation "P.A." |
| B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADD)</u> | RESS) |
| • | |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX | |
| D. If amending the registered agent and/or registered new registered agent and/or the new registered of | |
| Name of New Registered Agent | |
| | (l·lorida street address) |
| New Registered Office Address: | , Florida |
| | (City) (Zīp Code) |
| New Registered Agent's Signature, if changing Regist hereby accept the appointment as registered agent. I | stered Agent: am familiar with and accept the obligations of the position. |
| Signal | ture 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: <u>X</u> Change | <u>PT</u> | John Doc | |
|-----------------------------|---------------|------------------|------------------------------------------|
| X Remove | Y | Mike Jones | |
| X Add | <u>sv</u> | Sally Smith | |
| Type of Action (Check One) | Title | <u>Name</u> | <u>Addres</u> s |
| 1) Change | <u>M</u> | Shonay Pringett | 15/15 Avancio Dr. W |
| Add | | | Jacksonville, 71 32244 |
| 2) Change Add | \mathcal{M} | Mercedes Wilson | 4548 Lighthwise Cir |
| Remove 3) Change Add | M | LiTerrius Miller | 4548 Lighthower Ci Drlando, 7/32808 |
| Remove 4) Change Add | <u>Ps</u> | La Shonda Smith | 9548 Lighthouse Cir Orlando, 71 32808 |
| Remove Change | | | |
| Add Remove | | | |
| 6) Change | | | |
| Add | | | |
| Remove | | | |

| | sheets, if necessary). (Be | specific) | | | |
|-------------------|----------------------------|-----------------------------------------|-----------------------------------------|-------------|------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | · | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | ··· | |
| | | | | | |
| | | | | | |
| | | | | | · - |
| | | | | | |
| | | | · · · · · · · · · · · · · · · · · · · | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | • • • • • • • • • • • • • • • • • • • • | | |
| | | | | | |
| | | - | ··· | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | · | |
| | | | | | |
| | | | | | |
| on omeadment | provides for an exchange, | reclassification as a | angallation of because | Shawa | |
| provisions for in | plementing the amendme | nt if not contained in | the amendment itsel | Suares. | |
| (if not applice | ible, indicate N/A) | | | ···· | |
| | | | | | |
| | | - · · · - · · · · · · · · · · · · · · · | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

: .

| The date of each amendment(s) ac | loption: | , if other than the |
|-----------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| date this document was signed. | | |
| Effective date <u>if applicable</u> : | | |
| | (no more than 90 days after amenda | nem file date) |
| Note: If the date inserted in this b document's effective date on the De | | g requirements, this date will not be listed as the |
| Adoption of Amendment(s) | (<u>CHECK ONE</u>) | |
| The amendment(s) was were add action was not required. | pted by the incorporators, or board of directors w | ithout shareholder action and shareholder |
| ! The amendment(s) was/were ado by the shareholders was/were su | pted by the shareholders. The number of votes ca fificient for approval. | ist for the amendment(s) |
| | roved by the shareholders through voting groups, each voting group entitled to vote separately on t | |
| "The number of votes cast | for the amendment(s) was/were sufficient for app | roval |
| by <u>Incorpo</u> | rators (voting group) | " |
| / | (voting group) | |
| Dated Sef | tember 25, 2020 | |
| Signature | Shonde Smith | |
| / UPS also | rector, president or other officer – if directors or o | |
| selected | f, by an incorporator – if in the hands of a receive ed fiduciary by that fiduciary) | r, trustee, or other court |
| W. P. C. | Lashonda Shut | <u> </u> |
| | (Typed or printed name of person sign | ing) |
| | Dresident | |
| | (Title of person signing) | |

. .