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JAN 31 2021 I ALBRITTON

COVER LETTER

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COVINCIAL CONTRACTOR	
TO: Amendment Section Division of Corporations	
NAME OF CORPORATION: Division of Corporations Financial Assistance Services in	
DOCUMENT NUMBER: PZ00 000 59 11	
DOCUMENT NUMBER: 1 200 000 59 11	
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Thonny Charleston	
Name of Contact Person	
Firm Company	
rank Company	
241 NE 160th Address Minmi / Florida 33162 City/ State and Zip Code	
Address	
Minui, Florida, 33162	
City/ State and Zip Code	
Pierre charleston 01 @ qmaitxom	
E-mail address: (to be used for future annual report notification)	
n-mail address: (to be used for future annual report normeactory)	
For further information concerning this matter, please call:	
horry Christon at 786, 376-6293	
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:	
S35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) Certified Copy (Additional Copy is enclosed)	
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303	

Articles of Amendment to

		10
Articles	of	Incorporation
		~

	\sim .	of	_ ^		
	FINANCIAL	Assistance	Services	$in \subset $	
(<u>Name</u>	of Corporation as cur		Torida Dept. of Sta	ite)	
	P200 000	59 111			
	(Document Num	ber of Corporation (if I	(nown)		
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes,	this Florida Profit Co	rporation adopts th	e following amend	ment(s) to
A. If amending name, enter the new n	ame of the corporatio	<u>n:</u>			
				The n	ew
name must be distinguishable and contai, "Inc.," or Co.," or the designation "("chartered," "professional association,	Corp," "Inc," or "Co	". A professional co			
B. Enter new principal office address. (Principal office address MUST BE A S					-
				137	_
				<u> </u>	_
C. Enter new mailing address, if app					
(Mailing address MAY BE A POST	OFFICE BOX)				-
			<u></u>	<u>=</u>	
				<u> </u>	2
N 16 N					_
D. If amending the registered agent a new registered agent and/or the ne			nter the name of th	<u>ie</u>	
Name of New Registered Agent					
	(Flori	da street address)			
New Registered Office Address:		(City)	Florid	a(Zip Code)	
		•		·	
New Registered Agent's Signature, if a language of the languag	changing Registered A tered agent. I am fam.	gent: liar with and accept th	e obligations of the	position.	
	Signature of N	lew Registered Agent, i	f changing		
Charle if an elimber	5				

 $[\]Box$ 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 Doc 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: PΤ John Doe X Change X Remove \underline{V} Mike Jones \underline{SV} Sally Smith <u>X</u> Add Address Type of Action <u>Title</u> Name (Check One) wnny (harleston 1) Change ____ Add X Remove (hor leston 2) ____ Change X = Xdd____ Remove ____ Change ____ Add ___ Remove 4) ____ Change ____ Add ____ Remove 5) ___ Change ____ Add ____ Remove б) ____ Change ____ Add ___ Remove

	adding additional Artical sheets, if necessary).	(Be specific)				
						
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f an amendm	nt provides for an exch	ange, reclassifica	ation, or cancella	tion of issued sha	ires,	
provisions for	implementing the amer	ndment if not co	ntained in the am	iendment itself:		
(ij not apţ	licable, indicate N/A)					

						-
			. <u> </u>			
		-				

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	, if other than the
date this document was signed.	
Effective date if applicable:	0 davs after amendment file date)
(no more than S	0 days after amenament file date)
Note: If the date inserted in this block does not meet the appli document's effective date on the Department of State's records.	cable statutory filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or action was not required.	board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders. The by the shareholders was/were sufficient for approval.	ne number of votes east for the amendment(s)
The amendment(s) was/were approved by the shareholders th must be separately provided for each voting group entitled to	rough voting groups. The following statement vote separately on the amendment(s):
"The number of votes east for the amendment(s) was/w	ere sufficient for approval
by	``
by	
Dated	<u> </u>
Call e	
Signature (By a director, president or other off	icer - if directors or officers have not been
selected, by an incorporator – if in t appointed fiduciary by that fiduciar	he hands of a receiver, trustee, or other court
appointed fiducially by that fiducial	homy (halestor I name of person signing)
(Typed or printed	name of person signing)
' ↑	
(Title of persons	igning)