P20000063724

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COVER LETTER

FO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: FLAT TRIP INC		
DOCUMENT NUMB	P20000063724		
The enclosed Articles of	of Amendment and fee are sub	omitted for filing.	
Please return all corres	pondence concerning this mat	ter to the following:	
	CONSTANTIN MITUL		
-		Name of Contact Perso	n
	FLAT TRIP INC		
•		Firm/ Company	
	1150 AIRPORT RD #104		
•		Address	
	DESTIN, FL 32541		
	······································	City/ State and Zip Cod	le
	MITUL.CONSTANTIN@GP	MAIL.COM	
	E-mail address: (to be us	ed for future annual repor	t notification)
For further information	concerning this matter, pleas	se call:	
CONSTANTIN MITU	JL.	850 at (6870881
Name of Contact Person			ode & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Dep	partment 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)
Ame Divi P.O.	ling Address endment Section sion of Corporations Box 6327 phassee, FL 32314	Amen Divisi The C 2415	Address dment Section on of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 hassee, FL 32303

Articles of Amendment to Articles of Incorporation of

FLAT TRIP INC

Check if applicable

☐ The amendment(s) is/are being tiled pursuant to s. 607.0120 (11) (e), F.S.

(Name of Corporation as currently	filed with the Florida Dept. of State)
P20000063724	
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>I</i> its Articles of Incorporation:	Clorida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
THE BUILD ONE INC	The new
name must be distinguishable and contain the word "corporation," "c "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	
C. Enter new mailing address, if applicable:	
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	
D. If amending the registered agent and/or registered office addr	ess in Florida, enter the name of the
new registered agent and/or the new registered office address:	
Name of New Registered Agent	
(Florida stre	et address)
New Registered Office Address:	, Florida
	City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w	ith and accept the obligations of the position.
Cton and PAL B	wistoned to me if alonging
Signature of New Re	gistered Agent, if changing

f amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and iddress of each Officer and/or Director being added:

Attach additional sheets, if necessary)

Example: X Change

Please note the officer/director title by the first letter of the office title:

John Doe

PT

? = 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.

X Remove	<u>V</u>	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change		_	
Add			
Remove			
2) Change			
Add			
Remove 3) Change		_	
Add			
Remove			
4) Change		_	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change		_	
Add	<u> </u>		
Remove			
Remove			

	, if necessary), (Be s	мрестую)			
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			<u> </u>		
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n amandment provid	des for an exchange,	reclassification or c	ancellation of issued	chares	
ovisions for impleme	enting the amendmen	nt if not contained in	the amendment itse	lf:	
	ndicate N/A)				
(if not applicable, ir					
(if not applicable, it	_				
(if not applicable, it					
(if not applicable, in				<u></u>	
(if not applicable, in					
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he date of each amendment(site this document was signed.	adoption:, if other tha
ffective date <u>if applicable</u> : _	
	(no more than 90 days after <mark>amendme</mark> nt file date)
	s block does not meet the applicable statutory filing requirements, this date will not be listed a Department of State's records.
doption of Amendment(s)	(<u>CHECK ONE</u>)
The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors without shareholder action and shareholder
The amendment(s) was/were by the shareholders was/wer	adopted by the shareholders. The number of votes east for the amendment(s) sufficient for approval.
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):
"The number of votes of	ist for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voing group)
09/15/2 Dated	M. frences
(By	director, president or other officer – if directors or officers have not been sted, by an incorporator – if in the hands of a receiver, trustee, or other court sinted fiduciary by that fiduciary)
	CONSTANTIN MITUL
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)