P20000066345

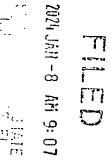
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Cony. Cleanself. Cont. I.)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



200421351762

01/08/24--01039--002 *+43.75





COVER LETTER

TO: Amendment Section

Division of Corporations

NAME OF CORPORATION:	onis Cr.	
DOCUMENT NUMBER:	16/3/5	
The enclosed Articles of Amendment and fee are so	ubmitted for filing.	
Please return all correspondence concerning this ma	atter to the following:	
Charita Jana	Name of Contact Person	
	Name of Contact Perso	n
Tolonia Co.		
, , ,	Firm/ Company	
600 State Roc	& HOW	
V	Address	
Share To it	1:1/	
7 0 0	City/ State and Zip Cod	c
E-mail address: (to be u	Sed for future annual report	notification)
For further information concerning this matter, plea	se call:	
Characa Lagrana	at (13.1) shil - 156 3
Name of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for the following amount made	payable to the Florida Dep	artment of State:
□ \$35 Filing Fee	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address		Address
Amendment Section Division of Corporations		Iment Section on Corporations
P.O. Box 6327		entre of Tallahassee
Tallahassee, FL 32314	2415 1	N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation

Mc. 1-30mil	
(Name of Corporation as curr	rently filed with the Florida Deptof State -8 Art 9: 08
(Document Numb	per of Corporation (if known)
(Document Pulle	of Corporation (if Known)
rsuant to the provisions of section 607.1006, Florida Statutes, Articles of Incorporation:	this Florida Profit Corporation adopts the following amendmen
If amending name, enter the new name of the corporation	<u>ı:</u>
Later Soin Co.	The new
	," "company," or "incorporated" or the abbreviation "Corp.," ". A professional corporation name must contain the word
B. Enter new principal office address, if applicable:	Low Starte Road
rincipal office address <u>MUST BE A STREET ADDRESS</u>)	17-7 311.
	Y WITH
	Jungo 1 th WILL
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Car Elaha Erah
(making duaress MAT BE A FOST OFFICE BOX)	1 7 01
	Jugar TI Sitil
If amending the registered agent and/or registered office	address in Florida, enter the name of the
new registered agent and/or the new registered office add	
Name of New Registered Agent	
(Floria	la street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
ew Registered Agent's Signature, if changing Registered Ag	gent.
ereby accept the appointment as registered agent. I am famil	liar with and accept the obligations of the position.

Signature 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; 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 Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<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			
Pernove			

ttach additional sheets, if necessary	Articles, enter chan y). (Be specific)	<u>, , , , , , , , , , , , , , , , , , , </u>		
				
-			· · · · ·	
		_		
	_	<u>-</u>		
				
			_ 	
				
				
an amendment provides for an e	xchange, reclassific	cation, or cancella	tion of issued shar	es,
rovisions for implementing the a (if not applicable, indicate N/A)	mendment if not co	ontained in the am	endment itself:	
(ij noi applicable, maicule 1971)				
				<u>-</u>
				-
				

date this documer	
Effective date if	(no more than 90 days after amendment file date)
	(no more than 90 days after amendment file date)
	inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as tive date on the Department of State's records.
Adoption of Am	endment(s) (CHECK ONE)
The amendment action was not	nt(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder required.
	nt(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) olders was/were sufficient for approval.
	nt(s) was/were approved by the shareholders through voting groups. The following statement ately provided for each voting group entitled to vote separately on the amendment(s):
"The nur	nber of votes cast for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
	Dated Signature Signature Signature
	Signature (By a director, president or other officer – if directors or officers have not been
	selected, by an incorporator - if in the hands of a receiver, trustee, or other court
	appointed fiduciary by that fiduciary)
	(Typed or printed name of person signing)
	(Typed or printed name of person signing)
	T1341219
	(Title of person signing)

the

the

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	will Co.		
DOCUMENT NUMBER:	16/3/6		
The enclosed Articles of Amendment and fee are su	bmitted for filing.		
Please return all correspondence concerning this ma	tter to the following:		
Chiaso dance			
1 1 0 0	Name of Contact Person		
Silver Silver			
	Firm/ Company		
(Do state & of	di Figir		
	Address		
show Fl isin	141		
Harrie J.	City/ State and Zip Code		
``	·		
C/201815 & 1.57 CT 18	ed for future annual report notification)		
E-mail address: (to be us	ed for future annual report notification)		
For further information concerning this matter, pleas	e call:		
10. Taktier information concerning this matter, preas	c cair.		
Cloud 2. 1.05:04	at () dil sidil s		
Name of Contact Person	Area Code & Daytime Telephone Number		
Enclosed is a check for the following amount made I	payable to the Florida Department of State:		
_			
☐ \$35 Filing Fee	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy (Additional copy is enclosed) □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Address	Street Address		
Amendment Section	Amendment Section		
Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee		
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810		
,	Tallahassee, FL 32303		