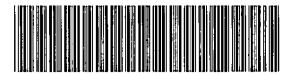
## P20000090979

(Re	questor's Name	
(Add	dress)	
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(Cit	y/State/Zip/Phor	ne #)
PICK-UP	☐ WAIT	MAIL
(Bu:	siness Entity Na	me)
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Certified Copies	_ Certificate	es of Status
Special Instructions to	Filing Officer:	
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## COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF COR	PORATION: FLORIDA IMPROVE	MENT INC		
	UMBER: P20000090979			
The enclosed Arti	cles of Amendment and fee are su	bmitted for filing.		
Please return all c	orrespondence concerning this ma	tter to the following:		
	LOUINEL ST ALBORD			
		Name of Contact Pers	on	
	CAPITAL LINES INSURANCE	AND MULTI SERVICES		
		Firm/ Company		
	5451 SW 130TH AVE			
	· · · · · · · · · · · · · · · · · · ·	Address	<del> </del>	
	MIRAMAR, FL 33027			
		City/ State and Zip Co	de	
	slowinel@gmail.com			
		sed for future annual repor	rt notification)	
For further inform	nation concerning this matter, plea	se call: at (	9450611	
Na	me of Contact Person	Area C	ode & Daytime Telephone Number	
Enclosed is a chec	ek for the following amount made	payable to the Florida De	partment of State:	
\$35 Filing Fe	e □\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address Amendment Section			t Address adment Section	
Division of Corporations		Division of Corporations		
	P.O. Box 6327 Tallahassee, FL 32314		Centre of Tallahassee N. Monroe Street, Suite 810	

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

FLORIDA IMPROVEMENT INC (Name of Corporation as currently filed with the Florida Dept. of State) P20000090979 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. 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 address: Name of New Registered Agent (Florida street address) New Registered Office Address: (City) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position. sterkd 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>	<u>Name</u>	<u>Addres</u> s
1) Change	P	HASSAN, ERLAND	1 sw 130 Ave, Miramar, FL, 33027
Add X Remove			<del></del>
2) X Change	<u>Р</u>	HASSAN, NINADAI	1 sw 130 Ave, Miramar, FL, 33027
Add			
Remove Change			
Add			
Remove			
4) Change			
Add			
Remove			<del></del>
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

ach additional sheets, if necess	ary). (Be specific	iange(s) here:		
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an amendment provides for a	in exchange, reclas	sification, or cano	ellation of issued sl	nares,
rovisions for implementing the (if not applicable, indicate N	<u>ie amendment if no</u>	ot contained in the	e amendment itself:	-
(if not applicable, marcule)	va)			
		<del></del>		
· · · · · · · · · · · · · · · · · · ·				

The date of each amendment(s) ad date this document was signed.	option:	, if other than the
Effective date if applicable:		
	(no more than 90	) days after amendment file date)
Note: If the date inserted in this bl document's effective date on the Dep		able statutory filing requirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ado action was not required.	pted by the incorporators, or b	poard of directors without shareholder action and shareholder
☐ The amendment(s) was/were ado by the shareholders was/were su		number of votes east for the amendment(s)
☐ The amendment(s) was/were app must be separately provided for	oved by the shareholders throeach voting group entitled to v	ough voting groups. The following statement vote separately on the amendment(s):
"The number of votes cast	on the amendment(s) was/wer	e sufficient for approval
by	1/A	
· · · · · · · · · · · · · · · · · · ·	(voting group)	<del></del>
Dated 12	15/2020	
Signature	inadai 14	200
(By á di		er - if directors or officers have not been
		hands of a receiver, trustee, or other court
арроіні	ed fiduciary by that fiduciary)	
•	(Typed or printed n	name of person signing)
	VP	
•	(Title of person sig	ning)