## P20 000096640

(Red	questor's Name)	<u>-</u>
(Add	iress)	
(Add	dress)	
(Cit)	//State/Zip/Phone	e #)
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PICK-UP	MAIT	MAIL
(Bus	siness Entity Nar	ne)
(Doo	cument Number)	
Certified Copies	Certificates	s of Status
Carainllantonia		
Special Instructions to F	-lling Officer:	
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Mr. : Mil

## **COVER LETTER**

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPO	REVITALIZE INC	CORPORATED	
DOCUMENT NUM	BER:	<del></del>	
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	espondence concerning this ma	tter to the following:	
	Eddie Silverio		
		Name of Contact Person	1
	14358 Reflection Lakes Dr	Firm/ Company	
	Fort Myers, FL 33907	Address	
		City/ State and Zip Code	2
	eddiesilveriojr@gmail.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	on concerning this matter, pleas	se call:	
Eddie Silverio		239 at (	440-6090
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	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 Amendment Section Division of Corporations P.O. Box 6327		Amend Divisio	Address Iment Section on of Corporations entre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## to Articles of Incorporation of

REVITALIZE INCORPORATED

(Name of Corporation as currently	filed with the Florid	a Dept. of State)	
(Document Number of	Corporation (if known	1)	
tursuant to the provisions of section 607.1006, Florida Statutes, this Is Articles of Incorporation:	Florida Profit Corpora	tion adopts the follow	ving amendment(s
If amending name, enter the new name of the corporation: EDDIE SILVERIO CORP			
			The new
ame must he 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."	ompany," or "incorpoi professional corpora	rated" or the abbrevio tion name must com	ition "Corp.," tain the word
	N/A		
B. Enter new principal office address, if applicable:  Principal office address MUST BE A STREET ADDRESS )			
			<del></del>
Enter new mailing address, if applicable:	N/A		
(Mailing address MAY BE A POST OFFICE BOX)			<del></del>
	······································	·	
			7
If amending the registered agent and/or registered office addr	<u>ess in Florida, enter t</u>	he name of the	
new registered agent and/or the new registered office address:			•
N/A Name of New Registered Agent			
rume of new nextiles en Axem		<del></del>	<del></del>
			<u> </u>
(Florida stre	et address)	<u>. 1</u> 160	
N D 1 100 111		<del></del>	
New Registered Office Address:	Contract of the contract of th	, Florida	
(	City)	(Zi	p Code)
ew Registered Agent's Signature, if changing Registered Agent:			
nereby accept the appointment as registered agent. I am familiar w	ith and accept the obli	gations of the position	7.
Signature of New Po	gistered Agent, if chan	aina	
Signature of New Ke	gwiereu rigeru, ij crian	8'''8	
heck if applicable			

## address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Example:

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	PT	John Do	<u>œ</u>	
X Remove	<u>v</u>	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally Sr	<u>nith</u>	
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		-		
Remove				

(Attach <i>additional shee</i> N/A	ets, if necessary). (Be specific)	
<del></del>		
If an amendment pro-	vides for an exchange, reclassification, or cance	ellation of issued shares,
(if not applicable, A	menting the amendment if not contained in the indicate $N/A$ )	amendment itself:
· <del></del>		

•

date this document was signed.	
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this bloc document's effective date on the Depart	k does not meet the applicable statutory filing requirements, this date will not be listed as the rtment of State's records.
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were adopted action was not required.	ed by the incorporators, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders was/were suffice.	ed by the shareholders. The number of votes cast for the amendment(s) cient for approval.
☐ The amendment(s) was/were approx must be separately provided for each	ved by the shareholders through voting groups. The following statement ch voting group entitled to vote separately on the amendment(s):
"The number of votes cast for	the amendment(s) was/were sufficient for approval
by	*1
,	(voting group)
06/04/2021	
Dated	
Signature	ED:=
(By a direct selected, by a pointed	tor, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court by that fiduciary)  die Silverio
Pro	(Typed or printed name of person signing)

(Title of person signing)