## P20000098614

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## **COVER LETTER**

**TO:** Amendment Section

**Division of Corporations** 

Tallahassee, FL 32314

P.O. Box 6327

Division of Corporations REURAP CORPORATION P 20000098614-DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: STEPHER MATTUTAT

Name of Contact Person REUDAP COIFORATION
Firm/Company
6450 PHÉIMITAGE

Address
P-NSACULAFL 32504

City/State and Zip Code SHOPENSE GMRIL. GN E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: S35 Filing Fee □\$43.75 Filing Fee & ☐\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy Certified Copy (Additional copy is (Additional Copy enclosed) is enclosed) Mailing Address Street Address Amendment Section Amendment Section

Division of Corporations
The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## Articles of Amendment

to

## Articles of Incorporation

of

RÉUANA CO	rpara 11014
(Name of Corporation as current	ly filed with the Florida Dept. of State)
(Document Number of	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) t
A. If amending name, enter the new name of the corporation:  Part Ell Per For name must be distinguishable and contain the word "corporation."  "The " or Co " or the designation "Corp." "Inc." or "Co"	MONCE Tyl. The new
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". "chartered," "professional association," or the abbreviation "P.A.	" projectional comparation mane and comme are
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	SEPENSACOLA, FL 32509
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	6480 HERMITAGE Driver PENSTICOLA, FL 3250 F
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address	
Name of New Registered Agent (	7/3
/Florida st	treet address)  Florida
New Registered Office radaress.	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familiar	nt: with and accept the obligations of the position.
Signature of New 1	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.

Example: X Change	<u>PT</u>	John Doe	
<del>-</del>			
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	Address
l) Change	P	STEPHIN MOTTUTAT	PENSOCIA, FL 32504
Add			POUSOCKA, FL 32504
Remove	P	William D Powell	2621 1 1 1 200 0 -
2) Change		W.12,107 V 1000	PENSACOUR FL 3252
. <u> </u>			)
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change		<u> </u>	
Add			
Remove			

Attach additional she	ng additional Artiets, if necessary).	(Be specific)	<u>ects) nere</u> .			
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an amendment pro	ovides for an excl	nange, reclassific	ation, or cancell	ation of issued s	hares,	
orovisions for imple (if not applicable	menting the ame e. indicate N/A)	indment if not co	ntained in the a	<u>mend</u> ment it <u>sell</u>	<u>::</u>	
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A 1976		-/	1 <del></del>	<del></del>		
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The date of each amendment(s) adoption:	
date this document was signed.	
Effective date if applicable: May Z, 2023  (no more than 90 days after amendment)	····
(no more than 90 days after amendme	rnt file date)
Note: If the date inserted in this block does not meet the applicable statutory filing document's effective date on the Department of State's records.	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 board of directors wit action was not required.	hout shareholder action and shareholder
The amendment(s) was/were adopted by the shareholders. The number of votes cas by the shareholders was/were sufficient for approval.	t for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups.  must be separately provided for each voting group entitled to vote separately on th	The following statement e amendment(s):
"The number of votes cast for the amendment(s) was/were sufficient for appro-	oval
by(voting group)	<u></u> .
(voting group)	
Dated 4/24/2022 Signature Staplie Mattetat	
Signature  (By a director, president or other officer – if directors or of selected, by an incorporator – if in the hands of a receiver, appointed fiduciary by that fiduciary)	
STEPHIN MOTHOT (Typed or printed name of person signi	K.
(Title of person signing)	
(Title of person signing)	