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(Requ	estor's Name)	
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(City/S	State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
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COVER LETTER

TO: Amendment Section Division of Corporations	
NAME OF CORPORATION: $\frac{170}{210}$	Cy Gwinn Family Dalare Inc.
3, -	0000 7090
The enclosed Articles of Amendment and fee	are submitted for filing.
Please return all correspondence concerning the	nis matter to the following:
Tracy	Name of Contact Person
	, Firm/ Company
1847 (Dalland Hark Dr.
Lake	lates, FL. 33898
	City/ State and Zip Code
E-mail address: (to	be used for future annual report notification)
For further information concerning this matter	. please call:
TVOCY Guinn Name of Contact Person	at (803) 734.9227 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount i	nade payable to the Florida Department of State;
□ \$35 Filing Fee □\$43.75 Filing Fe Certificate of Sta	
Mailing Address	Street Address
Amendment Section Division of Corporations	Amendment Section Division of Corporations
•	· p

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

P.O. Box 6327

Tallahassee, FL 32314

Articles of Amendment

to

Articles of Incorporation	
Tracy Gwinn fawly Dacare Inc (Name of Corporation as currently filed with the Florida Dept. of State)	
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following its Articles of Incorporation:	ig amendment(s) to
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 "lnc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain "chartered." "professional association," or the abbreviation "P.A."	_The new on "Corp.," in the word
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:	Jode)
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. New Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.	21 太公 23
Signature of New Registered Agent, if changing	<u>ch</u>
Check if applicable The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.	05

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>P.L</u>	John Doc	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name \	<u>Addres</u> s
1)Change		- <u>N/H</u>	
Add		,	
Remove		, \ \	
2) Change		- M/N	
Add		·	
Remove Change		- N/A	
Add			
Remove		110	
4) Change		MIH	
Add			
Remove		\ \	
5) Change		- <u>W</u>	
Add			
Remove		. \ \	
6) Change		- N/H	
Add		1	
Remove			

amending or adding ad ttach additional sheets, i	necessary).	ies, enter chan (Be specific)	ge(s) nere:		
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n amendment provides ovisions for implement	ing the amend	nge, reclassific: Iment if not co	ation, or cancella ntained in the an	tion of issued shar tendment itself:	<u>·es.</u>
(if not applicable, indi	cate N/A)				
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	<u> </u>				

The date of each amendment(s) adoption: date this document was signed.	, if other than the
Effective date if applicable: (no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this document's effective date on the Department of State's records.	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 without shareholder a action was not required.	ction and shareholder
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendme by the shareholders was/were sufficient for approval.	nt(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following state must be separately provided for each voting group entitled to vote separately on the amendment(s):	rment
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
Dated 6.14.2021	
Signature	ייי
selected, by an incorporator – if in the hands of a receiver, trustee, or other coappointed fiduciary by that fiduciary)	ourt
(Typed aprinted name of person signing)	
PH	
(Title of person signing)	