P21000020945

(R	equestor's Name)	
	J.J \	
(Ad	ddress)	
(Ac	ddress)	
·	,	
(C	ity/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(B	usiness Entity Nam	ne)
(D	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
	<i>,</i> *	
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OCT OF 2021 LALBRITTON

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: ALCHEMET	ICS INC
DOCUMENT NUMBER: P21000020945	
The enclosed Articles of Amendment and fee a	re submitted for filing.
Please return all correspondence concerning thi	s matter to the following:
	_
DANA CHAPDELAIN	Name of Contact Person
	Name of Conditional Conditions
HORIZON FINANCIA	
	Firm/ Company
5342 CLARK RD 111	<u> </u>
	Address
SARASOTA FL 34233	
	City/ State and Zip Code
horizonfsllc@gmail.com E-mail address: (to	be used for future annual report notification)
For further information concerning this matter,	please call:
DANA CHAPDELAIN	at (941) 378-4546 Area Code & Daytime Telephone Number
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount n	nade payable to the Florida Department of State:
■ \$35 Filing Fee □\$43.75 Filing Fee Certificate of Stat	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

 $f = \{x \in \mathcal{Z} \mid x \in \mathcal{X}\}$

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e). F.S.

ALCHEMETICS INC (Name of Corporati	on as currently filed with t	he Florida Dept. of State)	
ALCHEMETICS INC			
	nent Number of Corporation	(if known)	
Pursuant to the provisions of section 607,1006, Floridates Articles of Incorporation:	a Statutes, this <i>Florida Profi</i>	t Corporation adopts the follo	wing amendment(s) to
A. If amending name, enter the new name of the co	orporation:		
ALCHEMETICS OF FLORIDA INC			The new
name must be distinguishable and contain the word "contain or Corp." "Inc.," or the designation "Corp." "Inc., "chartered." "professional association," or the abbre	" or "Co". A professiona vilation "P.A."	"incorporated" or the abbrevi Leorporation name must con	iation "Corp" intain the word
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADD	<u></u> DRESS)		- 1 5
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BC) D. If amending the registered agent and/or registenew registered agent and/or the new registered Name of New Registered Agent	red office address in Floric	la, enter the name of the	PA 10: 53
	(Florida street address)		
100 11		. Florida	
New Registered Office Address:	(City)	 ,	Zip Code)
New Registered Agent's Signature, if changing Re- I hereby accept the appointment as registered agent.	gistered Agent: I am familiar with and acce	pt the obligations of the positi	оп.
Sign	nature of New Registered Age	ent, if changing	

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 Do	<u>c</u>	
X Remove	<u>V</u>	Mike Joi	nes	
<u>X</u> Add	<u>sv</u>	Sally Sm	<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				

The date of each amendment(s) as	loption:	if other than the
date this document was signed.		
Effective date if applicable:	(no more than 90 days after amendment file date)	
	(no more than 90 days after amenament fae date)	
Note: If the date inserted in this bl document's effective date on the De	ock does not meet the applicable statutory filing requirements, partment of State's records.	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 board of directors without sharehold	ler action and shareholder
The amendment(s) was/were ador by the shareholders was/were sur	oted by the shareholders. The number of votes cast for the amen Ticient for approval.	dment(s)
	oved by the shareholders through voting groups. The following each voting group entitled to vote separately on the amendments	
"The number of votes cast i	or the amendment(s) was/were sufficient for approval	
by SHAREHOLDERS	, , , , , , , , , , , , , , , , , , , ,	
	(voling group)	
Dated 9-3-2021		
Signature	Mallon (1)	
(Hy a dir	getor, president or other afficer - it differents or officers have not	
	 by an incorporator - if in the hands of a receiver, trustee, or other d fiduciary by that fiduciary) 	ar court
аррошк	a nacially by tan macially	
,	MICHAEL COSTIGAN	
٠	(Typed or printed name of person signing)	
<u>.</u>		
•	(Title of person signing)	

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