## P21 00000 22574

(Requestor's Na	ame)
(Address)	
(Address)	
(City/State/Zip/I	Phone #)
PICK-UP WAI	T MAIL
(Business Entit	y Name)
(Document Nur	mber)
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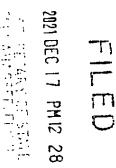




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anena



A. RAMSEY JAN 07 2022

JAN 07 2022

## **COVER LETTER**

TO: Amendment Section

Division of Corporations			
NAME OF CORPORATION: L&D SPECIALTIES INC			
DOCUMENT NUMBER: P21000022574			
The enclosed Articles of Amendment and fee are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
lemuel Prescott			
Name of Contact Person  Specialties			
Firm/ Company  Lake VIEW dr			
St. Cloud FL 34769			
City/ State and Zip Code			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Lemvel Prescott at 407, 406 4172  Name of Contact Person Area Code & Daytime Telephone Number			
·			
Enclosed is a check for the following amount made payable to the Florida Department of State:			
\$35 Filing Fee			
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of Tallahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## Articles of Amendment to Articles of Incorporation of

FILED

C ~	01
L& D Specialtie	S INC 2021 DEC 17 PM 12 28
(Name of Corporation	as currently filed with the Florida Dept: of State) TE STATE
P21000022574	HANNER FROM THE STATE OF THE ST
(Document	t Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida States Articles of Incorporation:	atutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corpo	oration:
	The new
	oration," "company," or "incorporated" or the abbreviation "Corp.," or "Co". A professional corporation name must contain the word witten "P.A."
B. Enter new principal office address, if applicable:	4403 Reaves ra
Principal office address <u>MUST BE A STREET ADDRE</u>	KISSIMMER, FL
	ALSSIIIII CE T C
	34146
C. Enter new mailing address, if applicable:	11102 Ragins 10-1
(Mailing address MAY BE A POST OFFICE BOX)	4403 REAVES 1a
	KISSIMMEE FL
	347410
<ol> <li>If amending the registered agent and/or registered new registered agent and/or the new registered offi</li> </ol>	
	<del></del>
Name of New Registered Agent	
<del></del>	(Florida street address)
New Registered Office Address:	(City) , Florida (Zip Code)
New Registered Agent's Signature, if changing Registe	ered Agent:
hereby accept the appointment as registered agent. I an	m familiar with and accept the obligations of the position.
Signatur	e of New Registered Agent, if changing

Check if applicable

<sup>☐</sup> The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), 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	$\underline{V}$	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	<del></del>	<u> </u>	
Add			
Remove			
2) Change			
Add			
Remove 3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
<u>V                                      </u>	
<del></del>	
· · · · · · · · · · · · · · · · · · ·	
f an amendment provides for an eych	nange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
NA	
	· · · · · · · · · · · · · · · · · · ·
· · · · · · · · · · · · · · · · · · ·	

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amend	ment file date)
Note: If the date inserted in this block does not meet the applicable statutory filin document's effective date on the Department of State's records.	ng 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 vaction was not required.	without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders. The number of votes of by the shareholders was/were sufficient for approval.	east 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	
"The number of votes cast for the amendment(s) was/were sufficient for app	proval
by	<del>"</del>
(voting group)	
Dated 12 13 2021 Signature	
(By a director, president or other officer – if directors or selected, by an incorporator – if in the hands of a receive appointed fiduciary by that fiduciary)	
(Typed or printed name of person sign	COH ning)
President (Title of person signing)	

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