P21000065824

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FILED 2021 NOV -8 AM 8: 26

C. BRUMBLEY

COVER LETTER

Division of Corporations ENTERPRISE INC. NAME OF CORPORATION: DOCUMENT NUMBER: _ The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: ENTERPRISE INC City/ State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: □\$43.75 Filing Fee & **□\$43.75** Filing Fee & ☐\$52.50 Filing Fee \$35 Filing Fee Certificate of Status Certified Copy Certificate of Status Certified Copy (Additional copy is (Additional Copy enclosed) is enclosed)

Mailing Address

TO: Amendment Section

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

Articles of Incorporation

A VEZVEARMER ENTER OD	ISE TNO			
(Name of Corporation as currently	filed with the Florida Dept. of State)			
121000065829				
(Document Number of C	Corporation (if known)			
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida</i> Statutes, the statutes of the statutes o	orida Profit Corporation adopts the following amendment(s) to			
A. If amending name, enter the new name of the corporation:				
	The new			
name must be distinguishable and contain the word "corporation," "cor "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A p "chartered," "professional association," or the abbreviation "P.A."	mpany," or "incorporated" or the abbreviation "Corp.," orofessional corporation name must contain 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)	5463 S.W. 186 th Way Myamar, Fl. 33029			
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	is in Florida, enter the name of the			
Name of New Registered Agent	30 S			
(Florida street	address)			
New Registered Office Address:	, Florida			
(City) (Zip Code)				
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wit	h and accept the obligations of the position.			
Signature of New Reg	istered 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.

X Change	PT John Doe	
X Remove	V Mike Jones	
X Add	SV Sally Smith	
Type of Action (Check One)	Title Name THE TIFFORY CHOISTON	Address 54635, W, 1864 Way mwamar, F(.3300
Remove		•
2) Change		
Add		
Remove 3) Change		
Add		
Remove		
4) Change		
Add		
Remove		
5) Change		
Add		
Remove		
6) Change		
Add		
Remove		

If amending (Attach <i>addi</i>	g or adding addit itional sheets, if ne	ional Articles, e ecessary). (Be s	nter change(s) 1 specific)	<u>here</u> :		
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provisions	dment provides for implementin applicable, indica	g the amendmen	reclassification at if not contain	, or cancellation ed in the amend	of issued share dment itself:	<u>es,</u>
· · · · · ·					<u>. </u>	
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The date of each amendment(s) ac	lantian:	11-1-20	2)	, if other than the
date this document was signed.	10 h	10001		II one man the
Effective date <u>if applicable</u> :	(nb more	than 90 days after amen	adment file date)	
Note: If the date inserted in this b document's effective date on the De	lock does not meet the	e applicable statutory fil	•	ate will not be listed as the
Adoption of Amendment(s)	(CHECK ON	<u>E</u>)		
The amendment(s) was/were add action was not required.	pted by the incorporat	ors, or board of directors	without shareholder acti	ion and shareholder
☐ The amendment(s) was/were add by the shareholders was/were su		ers. The number of votes	cast for the amendment	(s)
☐ The amendment(s) was/were app must be separately provided for	roved by the sharehold each voting group ent	ders through voting group	os. The following statem in the amendment(s):	ent
"The number of votes cast	for the amendment(s)	was/were sufficient for a	pproval	
by	 ,		·"	
	(voting group)			
Dated	1/2021			
Signature	Nico V	Farmer		
(By a di		ner officer – if directors of		
	 by an incorporator – ed fiduciary by that fice 	if in the hands of a recei	ver, trustee, or other cou	rt
арроли	1/			
		N Farme		
	(Typed or p	orinted name of person si	gning) / 1	4 1
	Kelyin	Farmer	Owner 1	President
	(Title of pe	erson signing)	•	