P21000077877

(R€	equestor's Name)	
(Ac	dress)	
		3334
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
	ocument Number)	
(3.	ocament (value of)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
·	· ·	

Office Use Only



700373377667

09/23/21--01007--022 **35.00



AMULAD

OCT 0.3 2021 I ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	FIRST CAPITAL, INC
document number: <u>P2/00</u> 0	077877
The enclosed Articles of Amendment and fe	ee are submitted for filing.
Please return all correspondence concerning	this matter to the following:
Do	NNA WADE Name of Contact Person
C m/	3 FIRST CAPITAL, FNE.
9858	1401/4 H, 11 DR.
	Address
Bova	TON BEACH, F1. 33437 City/ State and Zin Code
	City/ State and Zip Code
E-mail address: (For further information concerning this matt	TH STATERGIES @ GMAIL, COM to be used for future annual report notification) er, please call:
DONNA WADE	at (31) 372 - 9689
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amoun	t made payable to the Florida Department of State:
\$35 Filing Fee \$43.75 Filing Certificate of S	
Mailing Address	Street Address
Amendment Section	Amendment Section
Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment

Articles of Incorporation of

	as currently filed with the Flo	orida Dept. of State)	
(Documer	nt Number of Corporation (if kn	iown)	
Pursuant to the provisions of section 607.1006, Florida S its Articles of Incorporation:	Statutes, this Florida Profit Corp	noration adopts the following amend	ment(s) to
A. If amending name, enter the new name of the corp	poration:		
		The n	icw
name must be distinguishable and contain the word "corp" Inc.," or Co.," or the designation "Corp," "Inc." of "chartered," "professional association," or the abbrevia	or "Co". A professional corp	orporated" or the abbreviation "Corporation name must contain the w	o" ord
B. Enter new principal office address, if applicable:		٦	
(Principal office address <u>MUST BE A STREET ADDR</u>	<u>(ESS</u>)	021	_ ~~
	•		
		13	- ·
C. Enter new mailing address, if applicable:	· 1		ا: , (سعسم ا
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	<i></i>		- 5
			27 27
			יס –
D. If amending the registered agent and/or registered	d office address in Florida, en	ter the name of the	
new registered agent and/or the new registered of		ter the hunt of the	
Name of New Registered Agent			
	·	·	
	(Florida street address)		
New Registered Office Address:		, Florida	
rew negmerta Office radiress.	(City)	(Zip Code)	
	• .		
New Registered Agent's Signature, if changing Regis I hereby accept the appointment as registered agent. It	stered Agent: am familiar with and accept the	obligations of the position.	
and the same of th		., .	

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 D	loe	
X Remove	<u>V</u> <u>Mike J</u>	<u>ones</u>	
_X Add	SV Sally S	<u>mith</u>	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	PRESI DENT	DONNA WARE	9858 Holly Hill DR BOYNTON BCh, Fl 33437
Add			BOYNTON BCh, Fl 33437
Remove			
2) Change			
Add			
Remove Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			·
Add			
Remove			

Attach additional sheets, if necessary).	ticles, enter change(s) here: (Be specific)		
· · · · ·		···	
			
			
f an amendment provides for an exclusions for implementing the ame (if not applicable, indicate N/A)	hange, reclassification, or cancella endment if not contained in the an	tion of issued shares. nendment itself:	
			<u> </u>

٠...

The date of each amendment(s) ac	option:	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file d	late)
Note: If the date inserted in this bidocument's effective date on the De	ock does not meet the applicable statutory filing requiren partment of State's records.	nents, 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 sha	rcholder action and shareholder
☐ The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for the flicient for approval.	amendment(s)
☐ The amendment(s) was/were app must be separately provided for	roved by the shareholders through voting groups. The followach voting group entitled to vote separately on the amend	owing statement ment(s):
"The number of votes cast i	or the amendment(s) was/were sufficient for approval	
by:	<u></u>	
	(voting group)	
(By a´dii	9/30/3021 ector, president or other officer – if directors or officers hat, by an incorporator – if in the hands of a receiver, trustee.	ive not been or other court
appointe	ed fiduciary by that fiduciary)	
-	(Typed or printed name of person signing)	
	PRESIDENT (Title of person signing)	

, . . .