## P21000088473

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: MICHAEL CARR & ASSOCIATES, INC					
DOCUMENT NUMBE	R: P21000088473		, <u>-</u>		
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.			
Please return all corresp	ondence concerning this ma	tter to the following:			
	MICHAEL CARR				
_	Name of Contact Person				
	MICHAEL CARR & ASSOCIATES, INC				
_	Firm/ Company				
_	1870 Washington Street Suite 1				
_	Address				
_	Jefferson, GA 30549				
		City/ State and Zip Code	2		
		Info@MichaelCarrMail.	com		
_	E-mail address: (to be us	sed for future annual report	notification)		
For further information	concerning this matter, pleas	se call:			
Micha	el Carr	at (			
Name of Contact Person		Area Coo	de & Daytime Telephone Number		
Enclosed is a check for t	he following amount made	payable to the Florida Depa	artment of State:		
□ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	✓ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Address		Street Address			
Amendment Section Division of Corporations		Amendment Section Division of Corporations			
P.O. Box 6327		The Centre of Tallahassee			
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

FILED

MICHAEL CARR & ASSOCIATES, INC		2021 DFC -7 AND
(Name of Corporation as curre	ntly filed with th	e Florida Dept. of State) HITT: 57
P2100	0088473	THE CONTRACT OF STATE
(Document Numbe	r of Corporation (	if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, thits Articles of Incorporation:	nis <i>Florida Profit</i>	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," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co", "chartered," "professional association," or the abbreviation "P.,	A professional	incorporated" or the abbreviation "Corp.,"
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )	_	
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 ac new registered agent and/or the new registered office addre		enter the name of the
Name of New Registered Agent		
	/	
(Florida	street address)	
New Registered Office Address:	•	, Florida
ren registered copies, maress.	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Age I hereby accept the appointment as registered agent. I am familia	nt: r with and accept	the obligations of the position.
Signature of New	Registered 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)

Example:

Please note the officer director title by the first letter of the office title:

 $P = President; \ \hat{V} = Vice President; \ \hat{T} = Treasurer; \ S = Secretary; \ D = Director; \ TR = Trustee, \ C = Chairman or Clerk; \ CEO = Chief Executive Officer; \ CFO = Chief Financial Officer. \ If an officer/director holds more than one title, list the first letter of each office held. President. Treasurer. Director would be PTD.$ 

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	<u>00e</u>	
X Remove	<u>V</u> <u>Mike J</u>	ones	
X Add	<u>SV</u> <u>Sally S</u>	<u>mith</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	Manager	Jamie Dorn-Lane	2908 OLD KNOXVILLE HWY MARYVILLE , TN 37804
_☑ Add			
Remove			
2) Change	<del></del>		
Add			
Remove Change	<del></del>		
Add		`	
Remove		\	
4)Change			
Add		•	
Remove		,	
5) Change			
Add			
Remove			·
6) Change			
Add			
Remove			

(Attach additional she	ng additional Arti	(Be specific)	)			
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If an amountment			·			
<ul> <li>If an amendment propositions for imple</li> </ul>	ementing the ame	ndment if not	contained in t	he amendmei	ssueu snares, nt itself:	
(if not applicable	e, indicate N/A)					
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The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date <u>if applicable</u> :	
(no more than 90 days after a	mendment <sub>e</sub> file date)
Note: If the date inserted in this block does not meet the applicable statutory document's effective date on the Department of State's records.	ofiling 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 direct action was not required.	tors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders. The number of v by the shareholders was/were sufficient for approval.	otes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting g must be separately provided for each voting group entitled to vote separate	
"The number of votes cast for the amendment(s) was/were sufficient f	or approval
by	
(voting group)	
Dated 11/23/2021 Signature	
(By a director, president or other officer – if director selected, by an incorporator – if in the hands of a reappointed fiduciary by that fiduciary)	
Michael Carr (Typed or printed name of person	on signing)
CEO	
(Title of person signing)	