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(City/State/Zip/Phone #)			
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(Business Entity Name)	11/08/2101016		
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COVER LETTER

TO: Amendment Section

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

Town and Country Unkinited Inc DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Eva Mysbitt Name of Contact Person Firm/ Company 871-7 Gunn Hwg

Address

Odpssa FL 33556

City/ State and Zip Code works designer @gmail. com
ress: (to be used for fature annual report notification) For further information concerning this matter, please call: at (8/3) 543-1777

Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee ☐\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section **Division of Corporations**

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment

Articles of Incorporation of

	4	
	ry Unlimited Ir.	<u>, C</u>
	My filed with the Florida Dept. of State)	
P 2100	0089854	
(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corporation adopts the fol	llowing amendment(s) t
A. If amending name, enter the new name of the corporation:		
n/q		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.	A professional corporation name must of	eviation "Corp.,"
B. Enter new principal office address, if applicable:	n/a	<u>~</u>
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	-//-	1
		
		\ CD
C. Enter new mailing address, if applicable:		¥.
(Mailing address MAY BE A POST OFFICE BOX)	7/9	<u></u>
	,	y: 2.
	-	<u> </u>
D. If amending the registered agent and/or registered office add	dress in Florida, enter the name of the	
new registered agent and/or the new registered office addres	<u>ss:</u>	
Name of New Registered Agent 1/9		
·		
(Florida s	treet address)	
New Registered Office Address:	. Florida	
	(City)	(Zip Code)
N . D		
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familiar	(t):	ition
, , , , , , , , , , , , , , , , , , , ,		
Signature of New 1	Registered Agent, if changing	
Check if applicable		

☐ The amendment(s) is/are being tiled 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:

(Aitach 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	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change	P	Eva D Nespitt	8717 Gunn Hung Odrssq, FL 3355,
Add			Odrssa, FL 3355,
Remove			
2) Change		-	
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5)Change	••		
Add			
Remove			
6) Change	·		
Add			
Remove			

Attach additional sheets	additional Articles, enter s. if necessary). (Be speci	ific)		
	n/o			
	<u> </u>	<u></u>	.	
		t -		
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			· -	
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		<u></u>		
	* *************************************			
f an amendment provi	des for an exchange, reci:	assification, or cance	llation of issued shares.	
<u>provisions for implem</u>	enting the amendment if:	not contained in the	amendment itself:	•
(if not applicable, i	ndicate N/A)			
	n/q			
			,	
	· · · · · · ·		, <u></u>	

The date of each amendment(s) adoption:	, if other than the
Effective date if applicable: 11-5-2021 (no more than 90 days after amendment file date)	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date wil document's effective date on the Department of State's records.	l not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and action was not required.	l shareholder
☐ The amendment(s) was/were adopted by the shareholders. The number of votes east for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"	
(voting group)	
Signature (By a director president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
(Typed or printed name of person signing)	<u></u>
(Typed or printed name of person signing)	
(Title of person signing)	