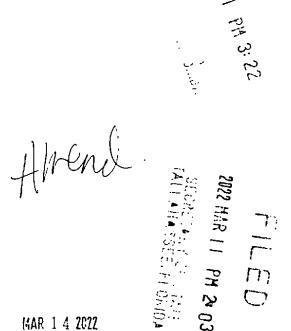
P21000093076

(F	Requestor's Name)	
		
()	Address)	
	Address)	
V	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
(0	City/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
	Susiana Entre Name	
(1	Business Entity Name)	
	Document Number)	
Certified Copies	Certificates of S	Status
		
Special Instructions to I	Filing Officer:	

Office Use Only



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D CCHNELL

Incorporating Services, Ltd.

incserv²

1540 Glenway Drive Tallahassee, FL 32301

850.656.7956 Fax: 850.656.7953 www.incserv.com

e-mail: accounting@incserv.com

ORDER FORM

The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com
850-245-6051

Melissa Moreau mmoreau@incserv.com 850.656.7953

REQUEST DATE 3/11/2022	PRIORITY Regular Approval	OUR REF_#_(Order_ID#)] 1016175
ORDER ENTITY HTD 2, INC.		
PLEASE PERFORM THE FOLLO HTD 2, INC. (FL)	WING SERVICES:	
File the attached amendment		
NOTES:		
\$35.00 Authorized		
Email address for annual report re	eminders: CORPORATEPARALEGALS@KOL	LEYJESSEN.COM
RETURN/FORWARDING INST	RUCTIONS:	

Sincerely,

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

Friday, March 11, 2022 Page 1 of 1

Articles of Amendment to Articles of Incorporation of

HTD 2. INC.		
(Name of Corporation as currently	filed with the Florida Dept, of State)	
P21000093076		
(Document Number of	Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this F its Articles of Incorporation:	lorida Profit Corporation adopts the follo	wing 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," "co" lnc.," or Co.," or the designation "Corp." "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	ompany," or "incorporated" or the abbrevi professional corporation name must con	iation "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)	A C	2022 HAR
D. If amending the registered agent and/or registered office address: Name of New Registered Agent New Registered Agent	ess in Florida, enter the name of the	PH 21 03
Name ty New Registered Agent		
tFlorida stre	2) address)	 -
	•	
New Registered Office Address:	Florida Ciny)	Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wi	ith and accept the obligations of the position	9H.
Signature of New Res	gistered 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; 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 Do	<u>e</u>	
X Remove	<u>V</u>	Mike Joi	nes	
X Add	<u>sv</u>	Sally Sm	nith_	
Type of Action (Check One)	<u>Title</u>		Name	Address
l) Change	<u></u>	_		
Add				
Remove				
2) Change		_		
Add				
Remove 3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Remove				

Attach additional sheets, if necessary).	(Be specific)
	
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f an amendment provides for an exc	thange, reclassification, or cancellation of issued shares,
provisions for implementing the amo (if not applicable, indicate N/A)	endment if not contained in the amendment itself:
(y not applicable, maleure (MA)	
ENUMBER OF SHARES OF STOCK	CIS 1,000 VOTING SHARES AND 1,000 NON-VOTING SHARES.
	<u> </u>
	<u> </u>

	OCTOBER 28, 2021	if all and an all
date this document was signed.	(s) adoption:	If other than the
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
	his block does not meet the applicable statutory filing requirements, this is Department of State's records.	date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were action was not required.	e adopted by the incorporators, or board of directors without shareholder a	action and shareholder
☐ The amendment(s) was/were by the shareholders was/we	e adopted by the shareholders. The number of votes cast for the amendment re sufficient for approval.	ent(s)
	e approved by the shareholders through voting groups. The following stated for each voting group entitled to vote separately on the amendment(s):	ement
	cast for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
MAR Dated	CH 3, 2022	
Signature	Mark A. Martin	
sel	a director, president or other officer – if directors or officers have not be ected, by an incorporator – if in the hands of a receiver, trustee, or other opointed fiduciary by that fiduciary)	
	MARK A. MARTIN	
	(Typed or printed name of person signing)	
	INCORPORATOR	
	(Title of person signing)	