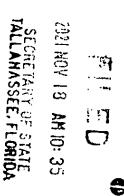
P21000094940

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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COVER LETTER

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TO: Amendment Section
Division of Corporations

DOCUMENT NUMBER: P210009494D
DOCUMENT NUMBER: P210006494D
The enclosed Articles of Amendment and fee are submitted for filling.
Please return all correspondence concerning this matter to the following:
Prev Nyerasanor Perantees Copp
Firm/ Company 5520 Sec. 163 acceptant Address Southwest Remelies 17 35331 City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Contact Person at (265) 1515(053) 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 Certificate of Status (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation

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RISK Whinage concern Re	2 Sources	CU2-12	_
(Name of Corporation as current)	y filed with the Florida Der	ot, of State)	
P21000094940	f Corporation (if known)		
(Document Number of	f Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation :	dopts the following amenda	ment(s) t
A. If amending name, enter the new name of the corporation:			
	4/4	The n	ew
name must be distinguishable and contain the word "corporation," "on "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	{ professional corporation :	"or the abbreviation "Corp name must contain the wo	ord
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NA	AM IO: 35 OF STATE E. FLORIDA	-F11
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address Name of New Registered Agent	ress in Florida, enter the na	ame of the	-
(Florida str	eet address)		
and the second s		_, Florida	
New Registered Office Address:	(City)	(Zip Code)	-
Check if applicable	with and accept the obligation	ns of the position.	
☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11)	(e), r.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	$\overline{\text{PT}}$	John D	<u>oc</u>	
X Remove	<u>v</u>	Mike Jo	ones	
X Add	<u>sv</u>	Sally S	<u>mith</u>	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) X Change	P		Michelle Herrary, Z	52520 Sw 163 and
Add				
Remove				33331
2) Change				
Add				
Remove 3) Range				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

amending or adding additional Artic attach additional sheets, if necessary).	(Be specific)	
		
		<u> </u>
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		l I
f an amandmant provides for an archi	ange, reclassification, or cancellation of issued shares,	
provisions for implementing the amen	dment if not contained in the amendment itself:	
(if not applicable, indicate N/A)		
		_
		

The date of each amendment(s) ad date this document was signed.	doption:	, if other than the
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bloocument's effective date on the Dep	lock does not meet the applicable statutory filing requirements, this datepartment of State's records.	te will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted action was not required.	opted by the incorporators, or board of directors without shareholder action	on and shareholder
☐ The amendment(s) was/were ado by the shareholders was/were suf	opted by the shareholders. The number of votes cast for the amendment(stifficient for approval.	s)
must be separately provided for a "The number of votes cast to by	for the amendment(s) was/were sufficient for approval (voting group)	2021 NOV 18 AM 10: 35 SECRETARY OF STATE
Signature By a di	irector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other courted fiduciary by that fiduciary)	
	(Typed or printed name of person signing)	 _
	(Title of person signing)	