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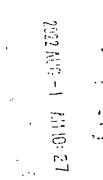
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## COVER LETTER .

TO: Amendment Section Division of Corporations	
NAME OF CORPORATION: Supposit Cutders, Inc.	
DOCUMENT NUMBER: PROCOGSTRI	
The enclosed Articles of Amendment and fee are submitted for filling.	
Please return all correspondence concerning this matter to the following:	
Lieth Franklin	
Name of Contact Person	
Support Children, Inc	
509 Mendew Ridge Dr. Address	
St Augustine, FZ 72092 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 ( \( \frac{100}{000} \) \( \frac{868 \cdot 2600}{0000} \) \( \frac{1000}{0000} \) \( \frac{868 \cdot 2600}{0000} \) \( \frac{1000}{0000} \) \( \frac	2022
Enclosed is a check for the following amount made payable to the Florida Department of State:	) - 2022 AUS
S35 Filing Fee S43 75 Filing Fee & S52.50 Filing Fee & S52.50 Filing Fee Certificate of Status  Certificate of Status  Certified Copy (Additional copy is enclosed)  Certified Copy (Additional Copy is enclosed)	-1 411 10: 27

#### Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

### Articles of Amendment to Articles of Incorporation

of	o e e e e e e e e e e e e e e e e e e e
Summit a	traces Too
(Name of Corporation as current	ly filed with the Florida Dept. of State)
P210000	) (R)21
(Document Number o	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit 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.	A professional corporation name must contain the word
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	Pichard Hechler 121011. Condon Dr.
	St. Jacksonville, Fl. 32223
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Summit Outdoors, Inc.
	12 tello Condor Dr.
	Jacksonville, FL 32223
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office addres	
Name of New Registered Agent Pichard He	ochler
Plallo Cina (Florida si	COVEY.
New Registered Office Address: () (CX 80 NV)	(Cin), Florida 32053
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered genf. I am familiar	

Signature of New Registered Agent, if changing

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), 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	<u>Doe</u>	
X Remove	<u>V</u> <u>Mike</u>	Jones	
X Add	<u>SV</u> <u>Sally</u>	Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	P	Richard Hechler	12616 Condor Dr.
<u>√</u> Add			Jacksonville, FL32223
Remove			13 Peter Island Dr. IF
2) Change	BH	Brandon Franklin	-St Augustine, FL 3209:
Add			
Remove 3) Change	P	Erandon Franklin	13 Peter Island Dr.
Add			St Augustine, FL3209:
Remove			
4) Change	<del></del>		
Add			<del></del>
Remove			
5) Change	<del></del>		
Add			
Remove			
6)Change			<del></del>
Add			
Remove			

	necessary). (Be spe	rcific)			
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	s for an exchange, r	eclassification, or ca	ncellation of issued s	hares,	
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ovisions for implement	ting the amendment		The amendment rise.		

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The date of each amendment(s) add date this document was signed.	option: July 36,3000	, if other than the
Effective date if applicable:	(no more than 90 days after amendment file do	ate)
Note: If the date inserted in this blo document's effective date on the Dep	ock does not meet the applicable statutory filing requirent partment of State's records.	nents, this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were adopaction was not required.	oted by the incorporators, or board of directors without sha	treholder action and shareholder
☐ The amendment(s) was/were adopty the shareholders was/were sufficiently.	oted by the shareholders. The number of votes east for the ficient for approval.	amendmeni(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 lment(s):
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
Dated_26 Signature	July 2022  Jacobson of officer - if directors or officers h	nave not been
	d, by an incorporator – if in the hands of a receiver, trustee led fiduciary by that fiduciary)	e, or other court
	(Typed or printed name of person signing)	<del></del>
	(Titl of person signing)	
	( inthe or bergon signing)	