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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
DICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	e)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
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COVER LETTER

TO: Amendment Section Division of Corporations alloss Doors and DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: lass Doors and Hore Inc. Firm/ Company alassdoorsnmore. com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Name of Contact Person at (Q41) 232-1227

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 Certified Copy (Additional copy is enclosed) (Additional Copy is enclosed)

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

Class Osan Cod	More Inc.
(Name of Corporation as currently file	
$O(2) \setminus O(1)$	NI 051
(Document Number of Con	rooration (if known)
	•
Pursuant to the provisions of section 607,1006, Florida Statutes, this <i>Flori</i> its Articles of Incorporation:	ida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	Thenew
name must be distinguishable and contain the word "corporation," "comp "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A pro "chartered," "professional association," or the abbreviation "P.A."	
, ,	Sain Post Rivel
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	11 1102/13
-	# 110293
د	Dracenton +L 34211
C. Enter new mailing address, if applicable:	CO. 0 0-51 011
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	5410 POST BIVO
_	# 110243
	Bradenton FL 34211
D. If amonding the engistered agent until a reviet and office address.	in Florida anton the same of the
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	U Juracka = 3
Name of New Registered Agent Amanda	e Juracka. 🖽 🗏
5910 Post	Blvd # 1102(13: 3
(Florida street a	ddress)
New Registered Office Address: Bracken tor) Florida 34211 59
(Cin	
	ריז
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent. I am familiar with	and accept the obligations of the position.
Uma	
Signature of New Regist	ered Agent, if changing
Chack if applicable	

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)

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.

Example: X Change	<u>PT</u> .	John Doe	
X Remove	<u>v</u> <u>j</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	Address
1) X Change	VP_	Ken Clayton	4411 Ber Ridge Rd
Add Remove 2) Change Add		Amanda Juracka	# 290 Savasota fl 34233 5910 Post Blvd # 110243
Remove Change			Bradenton FL 3421
Add Remove 4) Change Add			2023 JUL 26
Remove 5) Change Add			17. TA E
Remove 6) Change Add Remove			

If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)	
	•
	
	S 12.02
	STOWN AND SO
If an amendment provides for an exchange, reclassification, or cancellation of issued shares,	
provisions for implementing the amendment if not contained in the amendment itself:	, ,
(if not applicable, indicate N/A)	
	口当
	(1)

The date of each amendment(s) adoption: $\frac{1}{12023}$ if other than the
date this document was signed.
Effective date if applicable: 7/1/23 (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 will not be listed as the document's effective date on the Department of State's records.
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast 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)
Ken Clayton
(Typed or printed name of person signing)
Vice President
(Title of person signing) The state of person signing) The state of person signing) The state of person signing)