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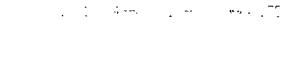
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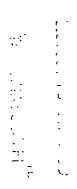
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: AMS Enterprises.	Tampa, Inc			
DOCUMENT NUMB			<u>.</u>		
The enclosed Articles	of Amendment and fee are sul	omitted for filing.			
Please return all corres	pondence concerning this mat	ter to the following:			
	Yolanda Shelton				
		Name of Contact Persor	1		
	AMS Enterprises, Tampa, Inc				
		Firm/ Company			
	4025 W Waters Ave, Stc 107	, ,			
	Address				
	Tampa, FL 33614				
	City/ State and Zip Code				
	office@arrams.com				
	E-mail address: (to be us	ed for future annual report	notification)		
For further information Yolanda Shelton	n concerning this matter, pleas		992-6385		
	of Contact Person	at (at () 992-6385 de & 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 & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐S52.50 Filing Fee Certificate of Status Certified Copy (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

AMS Enterprises, Tampa, Inc			
(Name of Cor	poration as currently	filed with the Florida Dept.	of State)
P22000036931			
	(Document Number of	Corporation (if known)	
Pursuant to the provisions of section 607.1006, its Articles of Incorporation:	Florida Statutes, this I	Florida Profit Corporation ado	pts the following amendment(s) to
A. If amending name, enter the new name o	f the corporation:		
			The new
name must be distinguishable and contain the w "Inc.," or Co.," or the designation "Corp," "chartered," "professional association," or th	""Inc." or "Co". A		
B. Enter new principal office address, if app			
(Principal office address <u>MUST BE A STREE</u>	ET ADDRESS)		,
			· · · · · · · · · · · · · · · · · · ·
C. Enter new mailing address, if applicable	<u>:</u>		
(Mailing address MAY BE A POST OFFI	CE BOX)	 	· · ·
			<u> </u>
D. If amending the registered agent and/or			e of the
new registered agent and/or the new regi			
Name of New Registered Agent Yola	inda Shelton		
	(Florida stre	et address)	
New Registered Office Address:			Florida
	1	(City)	(Zip Code)
New Registered Agent's Signature, if changi I hereby accept the appointment as registered c		with and accent the obligations.	of the position
Thereby accept the appointment as registered t	igem, rumjumum u	an und accept the obligations	cy inc position.
. 12	<i>[1]</i>		
Gellardes	reffor	gistered Agent, if changing	
	Signature of New Re	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)

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 Doc 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> <u>Jo</u>	hn Doe				
X Remove	<u>V</u> <u>M</u>	Mike Jones				
X Add	<u>SV</u> <u>Sa</u>	Sally Smith				
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s			
l) Change	<u>P</u>	Lillie Shelton				
Add						
X Remove 2) Change	D	Johnny Loewy				
Add			9326 Carandon Ln			
3) Change	P	Yolanda Shelton	Tampa, FL 33635			
X Add						
Remove						
4) Change Add						
Remove						
5) Change			-			
Add						
Remove 6) Change						
Add						
Remove						

(Attach	nding or adding additional additional sheets, if necessa	ry). (Be specific)	eist hele.		
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. <u>If an a</u>	mendment provides for an sions for implementing the	exchange, reclassifica	ition, or cancellat	ion of issued shares	2.
<u>prov.</u>	f not applicable, indicate N/2	1)	attained in the uni	enanti Kacii	
			,		

The date of each amendment(s) adoption:	0913	012024	, if other than the
date this document was signed.	•			
Effective date if applicable:	09/30/2024			
		(no more than S	0 days after amendm	em file date)
Note: If the date inserted in the document's effective date on the			cable statutory filing	requirements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CH</u>	ECK ONE)		
■ The amendment(s) was/were action was not required.	adopted by the i	incorporators, or	board of directors wit	hout shareholder action and shareholder
☐ The amendment(s) was/were by the shareholders was/we			e number of votes cas	et for the amendment(s)
☐ The amendment(s) was/were must be separately provided				
"The number of votes	cast for the amen	ndment(s) was/wo	ere sufficient for appro	oval
by				<u></u>
	(voti	ing group)		
09/30/2	2024			
Dated				
Signature	wand-	Seffor		
(By sel	ected, by an inco			ficers have not been trustee, or other court
	Yolanda Sh	elton		
	(Typed or printed	name of person signi-	ng)
	President			
		Title of person si	gning)	