## P22000039315



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(Addre	ss)			
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(City/S	tate/Zip/Phone #)			
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10/25/24--01020--019 \*\*85.00

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	PRATION: BATER ENTERP	RISE INC.		
DOCUMENT NUM	IBER: P22000039315			
The enclosed Article	s of Amendment and fee are su	bmitted for filing.		
Please return all corr	espondence concerning this ma	itter to the following:		
	MATTHEW BATER			
		Name of Contact Person	1	
	BATER ENTERPRISE, INC			
		Firm/ Company		
	7564 BISHOP SQUARE DR	UVE		
		Address		
	WINTER GARDEN, FL 347	787		
	· · · · · · · · · · · · · · · · · · ·	City/ State and Zip Cod	e	
	matthew.bater72@gmail.con	1		
		sed for future annual report	notification)	
For further informati	on concerning this matter, pleases	se call: 703	869-7577	
Name of Contact Person		Area Code & Daytime Telephone Number		
Enclosed is a check f	or the following amount made	payable to the Florida Depa	artment of State:	
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address Amendment Section		Street Address Amendment Section		
Division of Corporations		Division of Corporations		
P.O. Box 6327 Tallahassee, FL 32314		The Centre of Tallahassee 2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

BATER ENTERPRISE INC.

(Name of Corporation	on as currently filed with th	e Florida Dept. of State)
P22000039315		
(Docum	nent Number of Corporation (	(if known)
Pursuant to the provisions of section 607,1006, Florida its Articles of Incorporation:	Statutes, this <i>Florida Profit</i>	Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the co	orporation:	
		The new
name must be distinguishable and contain the word "co "Inc.," or Co.," or the designation "Corp." "Inc," "chartered," "professional association," or the abbre	" or "Co". A professional	
B. Enter new principal office address, if applicable	<u> </u>	·
(Principal office address <u>MUST BE A STREET ADD</u>	ORESS )	
	<del></del>	
C. Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO.	<u>X</u> )	
D. If amending the registered agent and/or register	ed office address in Florida	n, enter the name of the
new registered agent and/or the new registered of	office address:	
Name of New Registered Agent		
	<del></del>	
	(Florida street address)	<u> </u>
	(1 to the are the state) they	
New Registered Office Address:	(Ciry)	, Florida (Zip Code)
	(Ciù)	(Zip Chie)
New Registered Agent's Signature, if changing Regi	istored Agent:	
I hereby accept the appointment as registered agent.		t the obligations of the position.
Signa	tture of New Registered Agen	it, if changing
Check if applicable		
The amendment(s) is/are being filed pursuant to s. 6	507.0120 (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>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	DST	SHEILA BATER	7564 BISHOP SQUARE DRIVE
Add			WINTER GARDEN, FL 34787
X Remove			
2) Change	<del>,</del>	<del></del>	
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change		_	
Add			
Remove			
6) Change			
Add			
Remove			

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f an amendi	ment provides fo	r an exchang	e, reclassifica	tion, or cancella	ion of issued sha	res.	
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The date of each amendment(s) adoption: date this document was signed.	10.21.24	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendm	ent file date)
Note: If the date inserted in this block does document's effective date on the Department		requirements, this date will not be listed as the
Adoption of Amendment(s)	CHECK ONE)	
■ The amendment(s) was/were adopted by taction was not required.	he incorporators, or board of directors wi	thout shareholder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders was/were sufficient f		st for the amendment(s)
☐ The amendment(s) was/were approved by must be separately provided for each vot.	the shareholders through voting groups. ing group entitled to vote separately on th	
"The number of votes east for the ar	mendment(s) was/were sufficient for appr	oval
by		·"
(	voting group)	
OCTOBER 21, 20	24	
Dated		
Signature //a	Dite	
• • • • • • • • • • • • • • • • • • • •	resident or other officer – if directors or o	
	ncorporator – if in the hands of a receiver ary by that fiduciary)	, trustee, or other court
МАТТІ	IEW BATER	
	(Typed or printed name of person signi	ng)
PRESID	ENT	
	(Title of person signing)	