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TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: FLAWLESS ASS	OCIATES, INC.	
DOCUMENT NUM	BER: P22000041719		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	espondence concerning this ma	itter to the following:	
	DAVID A. NETBURN		
		Name of Contact Person	1
	Rolnick & Netburn		
		Firm/ Company	
	5521 N. University Drive, St	e. 204	
		Address	
	Coral Springs		
		City/ State and Zip Cod	2
	kitaauer@gmail.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	on concerning this matter, plea		, 346-5 0 01
Name	of Contact Person	Area Co) 346-5001 de & Daytime Telephone Number
Enclosed is a check for	or the following amount made		
\$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 Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio The C	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

FLAWLESS ASSOCIATES, INC.		
(Name of Corporation as current	tly filed with the Florida Dept. of State)	
P22000041719		
(Document Number	of Corporation (if known)	-· · · · · · · · · · · · · · · · · · ·
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corporation adopts the followi	ng amendment(s) to
A. If amending name, enter the new name of the corporation:		_
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 conta	
B. Enter new principal office address, if applicable:	305 SW 17th Street	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	Boca Raton, FL 33432	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	305 SW 17th Street	
	Boca Raton, FL 33432	
		2023
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address	dress in Florida, enter the name of the	10 -6 10 -6
Name of New Registered Agent	_	
(Florida s.	treet address)	9: 59 E. FL
New Registered Office Address:	. Florida	<u> </u>
	(City) (Zip	Code)
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familiar		
Cianatana -CNia	Registered Agent, if changing	_
	negmereu ngem, y enanging	
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.

X Change	<u>PT</u>	John Doe	
X Remove	$\underline{\mathbf{v}}$	Mike Jones	
X Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			
Remove Change			
Add			
Remove			
4) Change			20
Add			2023 JUL SZCKZI TALLA
Remove			1
5) Change			
Add			
Remove			FAIE 59
6) Change			
Add			
Remove			

If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)			
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If an amendment provides for an exchange, reclassification, or cancellation of issued shares,	1.00 (F)	2023	
provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	TALI	2023 JUL	'i
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	STATE	AM 8: 59	
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The date of each amendment(s) acd this document was signed.	option;	, if other than the
Effective date <u>if applicable</u> :		
Birective date it applicable.	(no more than 90 days after amendment fi	le date)
Note: If the date inserted in this ballocument's effective date on the De	ock does not meet the applicable statutory filing requestrment of State's records.	irements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ado action was not required.	pted by the incorporators, or board of directors without	shareholder action and shareholder
The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for fficient for approval.	the amendment(s)
must be separately provided for	roved by the shareholders through voting groups. The jeach voting group entitled to vote separately on the amount of the amendment(s) was/were sufficient for approval	
by	, , , , , , , , , , , , , , , , , , , ,	
· · ·	(voting group)	
Dated 6	14.33 MM/M/11	
selectee	rector/president or other officer – if directors or officer, by an incorporator – if in the hands of a receiver, trusted fiduciary by that fiduciary)	
	ALBERT AUER	TATE STATE OF THE
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	