P22000049940

Florida Department of State
Division of Corporations
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To:
        Division of Corporations
        Fax Number    : (850)617-6380

From:
        Account Name  : ZIMMERMAN, KISER, & SUTCLIFFE, P.A.
        Account Number : I19990000006
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**Enter the email address for this business entity to be used for future
  annual report mailings. Enter only one email address please.**

                        corporate@zkslawfirm.com
Email Address:_____
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COR AMND/RESTATE/CORRECT OR O/D RESIGN
LONGSHIP MANAGEMENT CORPORATION

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	$35.00

A. RAMSEY

JUN 1 0 2022

Articles of Amendment
to
Articles of Incorporation
of

FILED

2022 JUN -9 PM 12 42

LONGSHIP MANAGEMENT CORPORATION

_____
(Name of Corporation as currently filed with the Florida Dept. of State)

P22000041940
_____
(Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

_____*The new*
name must be distinguishable and contain the word "corporation, " "company, " or "incorporated" or the abbreviation "Corp., " "Inc., " or Co., " or the designation "Corp, " "Inc, " or "Co". A professional corporation name must contain the word "chartered, " "professional association, " or the abbreviation "P.A. "

B. Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

3504 Lake Lynda Drive
_____
Suite 400
_____
Orlando, FL 32817

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

3504 Lake Lynda Drive
_____
Suite 400
_____
Orlando, FL 32817

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent   ZKS Registered Agent Services, LLC
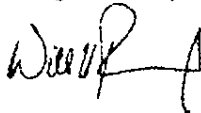_____
315 E. Robinson Street, Suite 600
_____
(Florida street address)

New Registered Office Address: Orlando _____, Florida 32801
                                                (City)   (Zip Code)

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.

_____
Signature of New Registered 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 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	PT	John Doe
X Remove	V	Mike Jones
X Add	SV	Sally Smith

Type of Action (Check One)	Title	Name	Address
1) ____ Change	_____	_____	_____
____ Add			_____
____ Remove			_____
2) ____ Change	_____	_____	_____
____ Add			_____
____ Remove			_____
3) ____ Change	_____	_____	_____
____ Add			_____
____ Remove			_____
4) ____ Change	_____	_____	_____
____ Add			_____
____ Remove			_____
5) ____ Change	_____	_____	_____
____ Add			_____
____ Remove			_____
6) ____ Change	_____	_____	_____
____ Add			_____
____ Remove			_____

E. **If amending or adding additional Articles, enter change(s) here:**
(Attach *additional sheets, if necessary*).   *(Be specific)*

_____

_____

_____

_____

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_____

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F. **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)

_____

_____

_____

_____

_____

_____

_____

_____

The date of each amendment(s) adoption: _____, if other than the
date this document was signed.

Effective date <u>if applicable</u>: _____
<center>*(no more than 90 days after amendment file date)*</center>

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.
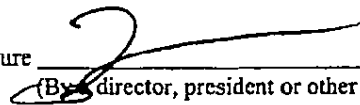
Adoption of Amendment(s)   (CHECK ONE)

☐ 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 _____."
<center>*(voting group)*</center>

Dated_____June 9, 2022_____

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)

Zachary Collier
_____
(Typed or printed name of person signing)

President
_____
(Title of person signing)