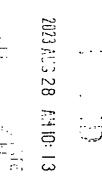
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(Re	equestor's Name)			
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PICK-UP	☐ WAIT	MAIL		
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Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer.				



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COVER LETTER

TOt Amendment Section Division of Corporations

NAME OF CORPORATION:	ALTAC	ENTERPR	<u>ises</u>	INC	
DOCUMENT NUMBER:	P22000	0085397			
The enclosed Articles of Amenda	nent and fee are sul	bmitted for filing.			
Please return all correspondence	concerning this ma	tter to the following:			
		AEIDI LOWD Name of Contact Perso			
		LTAC ENTE Firm/Company			
	(1)	NORANG Address	-FAVEN	SUE SUIT	<u>E 690</u>
ORLANDO FL 32801 City/ State and Zip Code					
E-mai	SERN Laddress: (10 be us	ACE ALTACI ed for future annual repor	_NEC1	_ COM	
For further information concernir	g this matter, pleas	e call:			
	DER	at(_305	_, 41	7 - 7100 ime Telephone Nu	
Name of Contact I					mber
Enclosed is a check for the follow	ring amount made p	payable to the Florida Dep	partment of	State:	
	.75 Filing Fee & ificate of Status	☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certif Certif (Addi	50 Filing Fee icate of Status fed Copy tional Copy closed)	
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			0

Tallahassee, FL 32303

Articles of Amendment Articles of Incorporation

2023 / 28 AM 10: 13

		2017 17 - 58 W 10: 13
(Name)	of Corporation as curr	ently filed with the Florida Dept. of State)
P22000085397		
	(Document Numb	er of Corporation (if known)
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006. Florida Statutes, t	his Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new n	ame of the corporation	<u>:</u>
NA		The new
	lorp," "Inc," or "Co"	""company," or "incorporated" or the abbreviation "Corp.," A professional corporation name must contain the word A."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		NA
C. Enter new mailing address, if appli (Mailing address MAY BE A POST)		111 N ORANGE AVENUE
		ORLANDO, FL 32801
D. If amending the registered agent an new registered agent and/or the new		address in Florida, enter the name of the ress:
Name of New Registered Agent	STEVE GANCH	
	936 SW 1st Ave	
	<i>(Florida</i>	i street address)
New Registered Office Address:	MIAMI	. Florida ³³¹³⁰
		(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.

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)

Example:

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>b.l.</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	\underline{SV}	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change		NA	
Add			·
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
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n amendment prov	vides for an exch	unga raclassific	nting or ongo	llation of incord	e boo was	
ovisions for impler	menting the amer	ndment if not co	ation, or cance intained in the	amendment itse	snares,	
(if not applicable,	indicate N/A)					
NA						
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The date of each amendment(s) adoption:	if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days a	fter amendment tile date)
Note: If the date inserted in this block does not meet the applicable sta document's effective date on the Department of State's records.	tutory filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of action was not required.	directors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders. The numbe by the shareholders was/were sufficient for approval.	r of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through vot must be separately provided for each voting group entitled to vote separately	
"The number of votes cast for the amendment(s) was/were suffic	ient for approval
by	
(voting group)	
Signature (By a director, president or other officer – if d selected, by an incorporator – if in the hands of appointed fiduciary by that fiduciary)	
HEIDI LOWX	ER_
(Typed or printed name of	
PRESIDENT	
(Title of person signing)	

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