## P23000013265

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## COVER LETTER

FO: Amendment Section Division of Corporations NAME OF CORPORATION: The Three Bluebirds of Odessa INC 1230000 13265 he enclosed Articles of Amendment and fee are submitted for filing. lease return all correspondence concerning this matter to the following: Lisa Massey - Williams
Name of Contact Person Thru Bluebirds of Colessa, INC. 12470 State Road 54 Ode SSU F1 33556 City/ State and Zip Code What rinity (or gmail, Com E-mail address: (to be used for future annual report notification) or further information concerning this matter, please call: Name of Contact Person at (813) 610 - 6397

Area Code & Daytime Telephone Number inclosed is a check for the following amount made payable to the Florida Department of State: \$43.75 Filing Fee & Certificate of Status ☐ \$35 Filing Fee ☐\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (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

The Three Bluebirds of Ode	essa, INC
(Name of Corporation as cu	rrently filed with the Florida Dept. of State)
P230000132	265
(Document Nun	nber of Corporation (if known)
ursuant to the provisions of section 607.1006, Florida Statutes s Articles of Incorporation:	s, this Florida Profit Corporation adopts the following amendment(s) to
. If amending name, enter the new name of the corporation	on:
NA Same	The new
	on," "company," or "incorporated" or the abbreviation "Corp.," o". A professional corporation name must contain the word "P.A."
B. Enter new principal office address, if applicable:  Principal office address MUST BE A STREET ADDRESS )	NA Same
(Mailing address MAY BE A POST OFFICE BOX)  1. If amending the registered agent and/or registered office new registered agent and/or the new registered office ad	1,3
Name of New Registered Agent NA Sa	ine the
(Flor	rida street address)
New Registered Office Address: NA Su	(City), Florida (Zip Code)
	Agent: niliar with and accept the obligations of the position. Same
Signature of 1	New Registered Agent, if changing

Check if applicable

<sup>☐</sup> The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

i amenome me ome	CIS ANU/VI	Directors, enter the title and n	name of each officer/di	irector being removed and title, name, and
ddress of each Office	r and/or I	Director being added:		·
Attach additional shee. Jease note the officer/		sary) le by the first letter of the office t	ritle:	
				stee; C = Chairman or Clerk; CEO = Chief
			rector holds more than o	one title, list the first letter of each office held.
resident, Treasurer, D hanges should be note			n Doe is listed as the P	ST and Mike Jones is listed as the V. There is
				ould be noted as John Doe, PT as a Change,
	ve, and Sai	ly Smith, SV as an Add.		
xample: X_Change	PT	John Doe		
X Remove	$\underline{\mathbf{v}}$	Mike Jones		
X Add	<u>SV</u>	Sally Smith		
ype of Action	<u>Title</u>	<u>Name</u>		Address
Check One)	D	17 14	1.1:45	7. 0
) X Change		_ Kathy Mas	ssey - Williams	7811 Pineview Dr.
Add				Odessa FL 33556
<b></b>				,
Remove	_		-	17-17-17-17-17-17-17-17-17-17-17-17-17-1
) <u>X</u> Change	_5_	Lisa Masse	y-Williams	7811 Pineview Dr.
Add			-	Odessa FL 33556

Remove ) \_\_\_\_ Change

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amending or adding additional Articles, enter change(s) here:  tach additional sheets, if necessary). (Be specific)	
NA	
	·
	<u> </u>
	<del></del>
an amendment provides for an exchange, reclassification, or cancellation of issued shares, rovisions for implementing the amendment if not contained in the amendment itself:	
(if not applicable, indicate N/A)	···
A 1 A	
NA	
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	<u> </u>
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te this document was s	dment(s) adoption:	if other than the
	able: 8-31-23 (no more than 90 days after ame)	
	(no more than 90 days after amei	ndment file date)
	ed in this block does not meet the applicable statutory file on the Department of State's records.	ing requirements, this date will not be listed as the
doption of Amendmen	nt(s) (CHECK ONE)	
The amendment(s) wa action was not require	as/were adopted by the incorporators, or board of directors ed.	without shareholder action and shareholder
	as/were adopted by the shareholders. The number of voterwas/were sufficient for approval.	s cast for the amendment(s)
	as/were approved by the shareholders through voting grou rovided for each voting group entitled to vote separately o	
"The number of	f votes east for the amendment(s) was/were sufficient for a	pproval
by	(voting group)	.,,
•	(voting group)	
Dated_	8-31-23 ure Ky y - h -	
Signati	(By a director, president or other officer – if directors	or officers have not been
	selected, by an incorporator – if in the hands of a rece appointed fiduciary by that fiduciary)	
	Kathy Massry - Will (Typed or printed name of person s	iams
	(Typed or printed name of person s	igning) 기계
	President	
	(Title of person signing)	1
	( or hanner arbitime)	
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