0016382

(Red	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	y/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Name)	
(Doc	cument Number)	
Certified Copies	Certificates of	Status
	_	
Special Instructions to F	Filing Officer:	
	_	

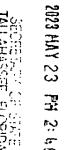
Office Use Only



200409046072



A. RAMSEY MAY 24 2023



RECEIVED

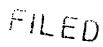
MAY 2 4 2023 Y-SMAR A

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

	_l
10275-333 CORP.	- ₁
Please Debit I20000000257 For: 35	
Thank you Seth Neeley	
Thank you sent iveeley	
	Art of Inc. File
	LTD Partnership File
	Foreign Corp. File
	L.C. File
	Fictitious Name File
	Trade/Service Mark
	Merger File
	Art, of Amend. File
	RA Resignation
	Dissolution / Withdrawal
	Annual Report / Reinstatement
	Cert. Copy
	Photo Copy
	Certificate of Good Standing
	Certificate of Status
	Certificate of Fictitious Name
	Corp Record Search
/ ,	Officer Search
	Fictitious Search
Signature	Fictitious Owner Search
	Vehicle Search
	Driving Record
Requested by: SETH 05/23	UCC 1 or 3 File
Name Date Time	UCC 11 Search
	UCC 11 Retrieval
Walk-In Will Pick Up	Courier
	•

Articles of Amendment to Articles of Incorporation of



10275-333 Corp.	2023 MAY 23 AH 11: 27
(Name of Corporation as curren	ntly filed with the Florida Dept. of State)
P23-000016382	MARKET STATE
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, thi its Articles of Incorporation:	is Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
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 contain the word
B. Enter new principal office address, if applicable:	1901 SW 12 Avenue
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	Miami, FL 33129
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1901 SW 12 Avenue
(1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.	Miami, FL 33129
D. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office addre	
Name of New Registered Agent	
(Florida s	street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agen	nt:
I hereby accept the appointment as registered agent. I am familia	
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)

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	PT	<u>John Do</u>	<u>e</u>	
X Remove	<u>V</u>	Mike Joi	nes	
X Add	<u>SV</u>	Sally Sn	nith	
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				

(Muach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)		
		·	

If an amendment provides for an exch provisions for implementing the ame	ange, reclassification, or cance	ellation of issued shares,	
(if not applicable, indicate N/A)	nument if not contained in the	amendment usen.	

	ch amendment(s) adoption:	, if other than the
date this docun	nent was signed.	
Effective date	if applicable: (no more than 90 days after amendment file date)	
	(no more than 90 days after amendment file date)	
	ate inserted in this block does not meet the applicable statutory filing requirements, this ective date on the Department of State's records.	date will not be listed as the
Adoption of A	mendment(s) (<u>CHECK ONE</u>)	
	ment(s) was/were adopted by the incorporators, or board of directors without shareholder a not required.	action and shareholder
	nent(s) was/were adopted by the shareholders. The number of votes cast for the amendment cholders was/were sufficient for approval.	ent(s)
	ment(s) was/were approved by the shareholders through voting groups. The following state parately provided for each voting group entitled to vote separately on the amendment(s):	ement
"The i	number of votes cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
	05/23/2023 Dated	
	DatedElizabeth Svirsky Signature	
	Signature	
	(By a director, president or other officer – if directors or officers have not be selected, by an incorporator – if in the hands of a receiver, trustee, or other cappointed fiduciary by that fiduciary)	
	Elizabeth Svirsky	
	(Typed or printed name of person signing)	
	President	

(Title of person signing)