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COVER LETTER

TO: Amendment Section Division of Corporations		
NAME OF CORPORATION: THET I DOCUMENT NUMBER: P 2 3 0 0 6 6	A CORP	
DOCUMENT NUMBER: P23006	021096	
The enclosed Articles of Amendment and fee are su		
Please return all correspondence concerning this ma	atter to the following:	
Demetr	Name of Contact Person	
	Name of Contact Person	
	Firm/ Company	
15623 Me	Ssina Isles Court	
Delray Bea	Address Address City/ State and Zip Code	
demetrios (E-mail address: (to be u	Q lensplace, or 9	
For further information concerning this matter, plea	ase call:	
Demetries Theodoss	akes at 501, 419 1998 ==	1.5
Name of Contact Person	Area Code & Daytime Telephone Number	•
Enclosed is a check for the following amount made	e payable to the Florida Department of State:	
\$35 Filing Fee S43.75 Filing Fee & Certificate of Status	□S43.75 Filing Fee & □S52.50 Filing Fee Certified Copy Certificate of Status (Additional copy is enclosed) (Additional Copy is enclosed)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	Street Address Amendment Section Division of Corporations The Centre of Tallahassee	

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as	urrently filed with the Florida Dept	. of State)		
(Document N	mber of Corporation (if known)			
Pursuant to the provisions of section 607.1006, Florida Statt ts Articles of Incorporation:	es, this <i>Florida Profit Corporation</i> ac	lopts the followi	ing amendme	ent(s) to
A. If amending name, enter the new name of the corpor	ion:			
			The new	,
name must be distinguishable and contain the word "corport" "Inc.," or Co.," or the designation "Corp," "Inc," or "chartered," "professional association," or the abbreviation	Co". A professional corporation n	or the abbrevial ame must conto	tion "Corp.," ain the word	, !
B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDRES</u>)			
		<u></u> _		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)				
				2023
D. If amending the registered agent and/or registered o	ice address in Florida, enter the na	me of the		APR
new registered agent and/or the new registered office	address:		_	
Name of New Registered Agent			(7) = 1.	- - -
(orida street address)		الالمال 1711 - 19	יי (מחיל
New Registered Office Address:	(City)	, Florida	n Code)	_
	(City)	1,25	, 0040	
New Registered Agent's Signature, if changing Register	Agent:	es of the position	7	
I hereby accept the appointment as registered agent. I am	imiliar with and accept the obligation	is of the position	•.	
	f 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	$\underline{\underline{v}}$	Mike Jones					
X Add	<u>sv</u>	Sally Smith					
Type of Action (Check One) 1) Change	Title P	<u>Name</u> Den	netrios Theodo		156 2-3	Messina	Ю за
Add			netrios Theodo	FL 3	1es Court 3446	、包RIPO	17 Dea
2) Change Add		_		- -		2023 APR -4 SECHETAR TAILLAHA	-3 cyrri 1 ;
Remove Change						AFIASSES OF	
Add Remove 4) Change Add						STATE	Ō
Remove 5) Change Add							
Remove 6)ChangeAdd		_					
Remove							1

The date of each amendment(s) adoption:	_, if other than	n the
date this document was signed.		
Effective date if applicable: 3/21/2002 2 (no more than 90 days after amendment file date)		
(no more than 90 days after amendment file date)		
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will a document's effective date on the Department of State's records.	not be listed a	s the
Adoption of Amendment(s) (CHECK ONE)		
☐ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and s action was not required.	shareholder	
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 Demetries Theodosiahos " (voting group)		
(voting group)		
Signature Temes (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) Pemctrical Lacades and Cyped or printed name of person signing)		
(Title of person signing)	SE S	
(Title of person signing)	3 APR -4 AM 7: 08 CRETARY OF STATE ALLAHASSEE, FL	