## P23000036187

(Requestor's Name)
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2024 SEP 23 AH II: 43 SECKETARY OF STATE

## **COVER LETTER**

TO: Amendment Section Division of Corporations NAME OF CORPORATION: REPORTEMARKETING INC P13000036187 DOCUMENT NUMBER: \_\_\_\_\_ The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Name of Contact Person REPO REMARKETING INC

Firm/ Company

111 HUPER DR

Address

SATSUMA FL 32189

City/ State and Zip Code reporemarkating 661 @ gmail.com
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Name of Contact Person at (386) 483. 2623

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

REPO REMAN	RKETING	INC filed with the Florida Dept. of	
(Name of Corp	oration as currently	filed with the Florida Dept. of	State)
P 2300	20036187	7	
		Corporation (if known)	
Pursuant to the provisions of section 607.1006, Fits Articles of Incorporation:	Torida Statutes, this <i>Fl</i>	lorida Profit Corporation adopt	s the following amendment(s) to
A. If amending name, enter the new name of	the corporation:		
~ /	A		The new
name must be distinguishable and contain the wo "Inc.," or Co.," or the designation "Corp," "chartered," "professional association," or the	"Inc," or "Co". A		
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		105 HOOP	ER DR
		JATSUMA	FL 32/89
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC)  D. If amending the registered agent and/or renew registered agent and/or the new regis	egistered office addre	SS in Florida, enter the name	of the
	~ /A		
Name of New Registered Agent	/ / / A		
	(7)		
	(Florida stree	•	
New Registered Office Address:	<u> </u>		orida
	, C	aiy)	(My Come)
New Registered Agent's Signature, if changin I hereby accept the appointment as registered ag		th and accept the obligations of	the position.
	NIA		
	Signature of New Reg	sistered Agent, if changing	1-1

Check if applicable

 $<sup>\</sup>square$  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	<u>PT</u> John	n Doe	
X Remove	<u>V</u> <u>Mik</u>	<u>se Jones</u>	
X Add	SV Sall	y Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	<u></u>	NICHOLAS MYERS	III HOOPER DR.
✓ Add			SATSUMA FL 32189
Remove			
2) Change	CED	DAVID STRINGER	III HOOFER DR
Add			SATSUMA FL 32189
Remove 3) Change			
Add			
Remove			
4) Change	<del></del>		
Add			
Remove			
5) Change			
Add			
Remove			
6) Change	<u> </u>		
Add			
Remove			

Attach additional sheets, if necessary).	(Be specific)	
	N/A	
	/V / 4	
	The state of the s	
· · · · · · · · · · · · · · · · · · ·		
an amendment provides for an excl	hange, reclassification, or cancellation of issued shares,	
provisions for implementing the ame	endment if not contained in the amendment itself:	
(if not applicable, indicate N/A)		
	/ ,	
	N/a	
	N/A	

.

The date of each amendment(s) adoption:date this document was signed.	, if other than the
Effective date if applicable:	
(no more than 90 days af	ter amendment file date)
Note: If the date inserted in this block does not meet the applicable stat document's effective date on the Department of State's records.	utory 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 number by the shareholders was/were sufficient for approval.	of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voti must be separately provided for each voting group entitled to vote separately	
"The number of votes cast for the amendment(s) was/were suffici	ent for approval
by(voting group)	"
(voting group)	
Dated 9/1/2024	
Signature Nichala M	
(By a director, president or other officer – if di selected, by an incorporator – if in the hands of	rectors or officers have not been
appointed fiduciary by that fiduciary)	a receiver, trustee, or other court
of main an	Mark C.
(Typed or printed name of	YERS
(Typed or printed name of	person signing)
FRES, DENT	
(Title of person signing)	