Pa3000057639

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PICK-UP WAIT MAIL
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COVER LETTER

TO: Amendment Section Division of Corporation		_	4				
NAME OF CORPOR	ation: Birkdo	ale Neve	lop Corp				
DOCUMENT NUMBER: P230000 37639							
The enclosed Articles	of Amendment and fee are su	bmitted for filing.					
Please return all corres	pondence concerning this ma	tter to the following:					
		MAX PORT	ī				
	Name of Contact Parson						
Birkale Develop Corp Firm/ Company 8262 Bock Glades Blvd East Address Bock Laton, Florida 33432							
	BOCA	Ration, Flo	1ides 33432				
		City/ State and Zip Code	e				
	E-mail address: (to be us	7946 PWAIL report	notification)				
For further information	concerning this matter, pleas	se call:					
$M_{A\times}$	PORT	<i>a1 (\$16</i> _	343-8110				
Name o	of Contact Person	Area Co	de & Daytime Telephone Number				
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:				
S35 Filing Fee	☐S43.75 Filing Fee & Certificate of Status	☐S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)				
Mailing Address			Address				
	ndment Section		Iment Section				
	sion of Corporations	Division of Corporations					
	Box 6327	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810					
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810					

Tallahassee, FL 32303

Articles of Amendment Articles of Incorporation of

(Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the its Articles of Incorporation: A. If amending name, enter the new name of the corporation:	e following amendment(s)
its Articles of Incorporation:	e following amendment(s)
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the a "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name mu "chartered," "professional association," or the abbreviation "P.A."	The new bbreviation "Corp.," sst contain the word
B. Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	.,,
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:	<u>e</u>
Name of New Registered Agent	
(Florida street address)	
New Registered Office Address: Florida	a (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 face of the second s	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)

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 Do	<u>ıe</u>	
X Remove	V <u>Mike Jo</u>	nes	
X Add	<u>SV</u> <u>Sally Sr</u>	ni <u>th</u>	
Type of Action (Check One)	<u>Title</u> Ω \	Natasha PORT	Address 3 < 79 N/W () hs da (inta
1)Change	<u>r) 1)</u>	THE STEE YORK	Bock Ratin, Florida 33496
Remove 2) Change	<u>v, D</u>	MAXIMILIAN PORT	Back Ruten, Florida 33432
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

tach additional sheets, if necessary). (Be specific)	
	
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)	
· · · · · · · · · · · · · · · · · · ·	-
	
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The date of each amendment(s) adoptio	n: November	30,3033	, if other than the
date this document was signed.	Λ .	_	
Effective date <u>if applicable</u> :	llovenby	20, 3023	
	(no more than 90 da	ys after amendment file date)	
Note: If the date inserted in this block document's effective date on the Departm		e statutory filing requirements,	, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)		
☐ The amendment(s) was/were adopted baction was not required.	by the incorporators, or boar	d of directors without sharehol	der action and shareholder
The amendment(s) was/were adopted by the shareholders was/were sufficient	by the shareholders. The nu nt for approval.	mber of votes cast for the amer	ndment(s)
☐ The amendment(s) was/were approved must be separately provided for each			
"The number of votes cast for the	e amendment(s) was/were st	ufficient for approval	
by			
	(voting group)		
Dated	mby 20, 2023	<u>3 </u>	
Signature	Mrs. for		3
(By a director	, president or other officer -	- if directors or officers have no	
	in incorporator – if in the ha uciary by that fiduciary)	nds of a receiver, trustee, or ot	her court
	* *	D =	1
	MAXIMILIAN (Typed or printed name	7 OK (
	1 ypea or primed nam	ie or person signing)	- · · · · · · · · · · · · · · · · · · ·
	Λ' Τ)		
	(Title of person signin	ਰ)	