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COVER LETTER .

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: Cowford Can Co.		
DOCUMENT NUMB			
The enclosed Articles of	of Amendment and fee are sul	bmitted for filing.	
Please return all corresp	condence concerning this ma	tter to the following:	
	Matthew Lenk		
-	 -	Name of Contact Persor	1
(Cowford Can Co.		
_		Firm/ Company	
	12667 Agatite Rd.		
-		Address	
J	lacksonville, Fl 32258		
7		City/ State and Zip Code	
(cowfordcanco@gmail.com		
-	E-mail address: (to be us	ed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
Matthew Lenk		at (
Name o	f Contact Person	Area Coo	de & Daytime Telephone Number
Enclosed is a check for	the following amount made p	payable to the Florida Depa	artment of State:
S35 Filing Fee	□\$43.75 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 Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio The Co 2415 N	Address ment Section n of Corporations entre of Tallahassee J. Monroe Street, Suite 810 ssee, FL 32303

Articles of Amendment

Articles of Incorporation of

Articles of fi	ncorporation	_
	of	FILED
owford Can Co.		- L- LJ
(Name of Corporation as curren	tly filed with the Florida D	ep(Vot state) 25 AM 7:01
(Document Number	of Corporation (if known)	TALLAIN OF STATE
tursuant to the provisions of section 607.1006, Florida Statutes, this s Articles of Incorporation:	s Florida Profit Corporation	adopts the following amendment
If amending name, enter the new name of the corporation:		
A / A		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	d" or the abbreviation "Corp"
B. Enter new principal office address, if applicable:	NIA	
Principal office address <u>MUST BE A STREET ADDRESS</u>)		
	··	
Enter new mailing address, if applicable:	N/Δ	
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)		
If amending the registered agent and/or registered office add	dress in Florida, enter the i	n <u>ame of</u> the
new registered agent and/or the new registered office addres		
Name of New Registered Agent NA		
(Florida s	treet address)	
New Registered Office Address: N/A		, Florida
	(City)	(Zip Code)
lew Registered Agent's Signature, if changing Registered Agen	ıt:	
hereby accept the appointment as registered agent. I am familiar	with and accept the obligat	ions of the position.
NIA	Registered Agent, if changin	

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	<u>PT</u>	John Do	<u>oe</u>	
X Remove	<u>V</u>	Mike Jones		
X Add	<u>sv</u>	Sally Sr	nith	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change	<u>V</u>	_	Christian Corbitt	1392 Fruit Cove Rd S
X Add				St. Johns, Fl 32259
Remove				
2) Change		_		
Add				
Remove 3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		- -		
Add				
Remove				
6) Change				
Add				
Remove				

	I sheets, if necessary). (Be specific)	
	NIA	
· · · · · · · · · · · · · · · · · · ·		
		_
		
<u> </u>		
 	<u> </u>	
<u>f an amendmen</u>	t provides for an exchange, reclassification, or cancellation of issued shares,	
(if not appli	mplementing the amendment if not contained in the amendment itself: cable, indicate N/A)	
Ν	/a	
		_
, — <u> </u>		
		_

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•	9/22/2023	
The date of each amendment(s) date this document was signed.	idoption:	, if other than the
	3/2023	
Effective date <u>if applicable</u> :	(no more than 90 days after ame	ndment file date)
Note: If the date inserted in this document's effective date on the E		ling requirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were action was not required.	opted by the incorporators, or board of director	s without shareholder action and shareholder
☐ The amendment(s) was/were ac by the shareholders was/were	opted by the shareholders. The number of vote ufficient for approval.	s cast for the amendment(s)
	proved by the shareholders through voting group entitled to vote separately of	· · · · · · · · · · · · · · · · · · ·
"The number of votes cas	for the amendment(s) was/were sufficient for	approval
by		<u>.</u>
	(voting group)	
9/22/202 Dated		
Signature		
select	firector, president or other officer – if directors ed, by an incorporator – if in the hands of a recented fiduciary by that fiduciary)	
	Matthew Lenk	
	(Typed or printed name of person s	signing)
	President	
	(Title of person signing)	