## P23000038874

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## **COVER LETTER**

TO: Amendment Section Division of Corporations NAME OF CORPORATION: P 23 0000 3887 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Amus Family Trust
Firm/Company 11406 CAY Spruce E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (3/2) 890 - 087/ Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$52.50 Filing Fee ☐\$43.75 Filing Fee & □\$43.75 Filing Fee & Certificate of Status Certified Copy Certificate of Status Certified Copy (Additional copy is (Additional Copy enclosed) 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

to

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<u> </u>	_ J V&	intures		76 11	<u> </u>
(Name of Cor		tly filed with the Flo	rida Dept. of State)		
P		<u> </u>			
(	Document Number	of Corporation (if known	own)		
Pursuant to the provisions of section 607.1006, lits Articles of Incorporation:	Florida Statutes, thi	s Florida Profit Corp	oration adopts the fo	llowing amend	dment(s)
A. If amending name, enter the new name of	the corporation:				
				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". abbreviation "P.A	A professional corp	porated" or the abbr oration name must	eviation "Cor contain the w	p" vord
B. Enter new principal office address, if app (Principal office address MUST BE A STREE					
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE  D. If amending the registered agent and/or remew registered agent and/or the new registered agent.)	CE BOX) registered office ad	dress in Florida, ent	er the name of the		 
Name of New Registered Agent		=			? <del>]</del>
	(Florida s	street address)			វិទូ គំបូប វ
New Registered Office Address:		102	, Florida	(Zip Códe)	1
New Registered Agent's Signature, if changing I hereby accept the appointment as registered a	ng Registered Ager gent. I am familia	(City)  nt: r with and accept the	obligations of the pos		F.112: 34
		Registered Agent, if c			
Check if applicable					

 $\hfill\Box$  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 Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
i) Change			
Add			
Remove			
2) Change			
Add			
Remove Change			
Add			
Remove			
4) Change	<del></del>		\$ 2723 \$ 123
Add			27.23 A.V.
Remove			
5) Change			- · · · · · · · · · · · · · · · · · · ·
Add			
Remove			73.
6) Change			
Add			
Remove			

Should be owned by Amos Family Trust.  I would like to transfer gurership of all shares to Amos Family Trust so that 100 p of the shares are owned by the trust.  I would like to transfer gurership of all shares to Amos Family Trust so that 100 p of the shares are owned by the trust.  I mendment provides for an exchange, reclassification, or cancellation of issued shares, issued for implementing the amendment if not contained in the amendment itself: if not applicable, indicate N/A)	should be owned by Aimos Family Trust.  I would like to transfer awnership of all shares to Aimos Family Trust so that loops of the shares are owned by the trust.  Of the shares are owned by the trust.	uu	itional sheets,	additional Art , if necessary).	(Be speci	fic)				
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The date of each amendment(s) adoption date this document was signed.	7-31-2023	, if other than the
Effective date <u>if applicable</u> :	7-31-2023	
<u> </u>	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block do- locument's effective date on the Departmen	es not meet the applicable statutory filing requirements, to f State's records.	his date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted by action was not required.	the incorporators, or board of directors without shareholde	er action and shareholder
The amendment(s) was/were adopted by by the shareholders was/were sufficient	the shareholders. The number of votes cast for the amend for approval.	ment(s)
	y the shareholders through voting groups. The following s ting group entitled to vote separately on the amendment(s)	
"The number of votes cast for the	umendment(s) was/were sufficient for approval	
by	(voting group)	
selected, by an	oresident or other officer – if directors or officers have not incorporator – if in the hands of a receiver, trustee, or other trustee, or other trustee, or other trustees or other trustees.	been er court
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<del></del>	(Typed or printed name of person signing)	
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