## P23000048676

	(Requestor's Name)	
	(Address)	
	(Address)	
	(Civ. (Ct-t-Ei-Dh #)	
	(City/State/Zip/Phone #)	
PICK-UF	WAIT	MAIL
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	(Business Entity Name)	
	(Dosiness Linkly France)	
<del></del>	(Document Number)	
Certified Copies	Certificates of	Status
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Special Instructions to	Filing Officer	
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Office Use Only

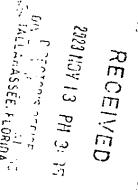


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amend



A. RAMSEY NOV -H 2023



## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

CEU ENDAVORS, CORP	' <sub> </sub>
Please Debit FCA000000003 For: 35	
Thank you Seth Neeley	
140	
	Art of Inc. File
	LTD Partnership File
	Foreign Corp. File
	L.C. File
	Fictitious Name File
	Trade/Service Mark
	Merger File
	Art. of Amend. File
	RA Resignation
	Dissolution / Withdrawal
	Annual Report / Reinstatement
	Cert. Copy
	Photo Copy
	Certificate of Good Standing
	Certificate of Status
	Certificate of Fictitious Name
	Corp Record Search
,	Officer Search
	Fictitious Search
Simon	Fictitious Owner Search
Signature	Vehicle Search
	Driving Record
Requested by: SETH	UCC 1 or 3 File
	UCC 11 Search
Name Date Time	UCC 11 Retrieval
Walk-In Will Pick Up	Courier

## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: CEU ENDEAVOR	RS, CORP. 	
DOCUMENT NUM	BER: P23000048676		
The enclosed Article	s of Amendment and fee are su	ibmitted for filing.	
Please return all corr	espondence concerning this ma	atter to the following:	
	AMANDA CASTELLON		
		Name of Contact Perso	on
	DOUGLAS REGISTERED AGENTS LLC		
	Firm/ Company		
	2600 S. DOUGLAS RD STE	1000	
		Address	
	CORAL GABLES FL 33134		
		City/ State and Zip Co	de
	ACASTELLON@CASTELL	ONPL.COM	
	E-mail address: (to be us	sed for future annual repor	t notification)
For further information	on concerning this matter, plea.		391-3721
Name	of Contact Person	Area Co	ode & Daytime Telephone Number
Enclosed is a check fe	or the following amount made		
S35 Filing Fee	S43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Am Div P.O	iling Address endment Section ision of Corporations Box 6327 ahassee, FL 32314	Amen Divisi The C 2415	Address dment Section on of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303

## Articles of Amendment to Articles of Incorporation of

TILED

CEU ENDEAVORS, CORP.

2823 HOV 13 AM 10: 34

(Name	
(1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	of Corporation as currently filed with the Florida Dept. of State) and the filed Florida Dept. of State
P23000048676	्र केर्ने द्वारी भी भारत
	(Document Number of Corporation (if known)
Pursuant to the provisions of section 607 ts Articles of Incorporation:	7.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendm
A. If amending name, enter the new r	name of the corporation:
	The nex
ame must be distinguishable and contai Inc.," or Co.," or the designation " chartered," "professional association,	in the word "corporation," "company," or "incorporated" or the abbreviation "Corp., "Corp," "Inc," or "Co". A professional corporation name must contain the word or the abbreviation "P.A."
3. Enter new principal office address Principal office address <u>MUST BE A.</u>	
	<del></del>
' Entar nou moiline add-asa if a	
(Mailing address MAY BE A POST	
E. Enter new mailing address, if app (Mailing address MAY BE A POST	
(Mailing address <u>MAY BE A POST</u>	OFFICE BOX)
(Mailing address MAY BE A POST  1. If amending the registered agent a	and/or registered office address in Florida, enter the name of the
(Mailing address MAY BE A POST  1. If amending the registered agent a new registered agent and/or the ne	and/or registered office address in Florida, enter the name of the ew registered office address:
(Mailing address MAY BE A POST  If amending the registered agent a	and/or registered office address in Florida, enter the name of the ew registered office address:  DOUGLAS REGISTERED AGENTS, LLC
(Mailing address MAY BE A POST  1. If amending the registered agent a new registered agent and/or the ne	and/or registered office address in Florida, enter the name of the ew registered office address:
(Mailing address MAY BE A POST  ). If amending the registered agent a new registered agent and/or the ne	ind/or registered office address in Florida, enter the name of the ew registered office address:  DOUGLAS REGISTERED AGENTS, LLC  2600 S. DOUGLAS RD #1000  (Florida street address)

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	<u>P1</u>	John Doc	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	D	SIUCHO DEXTRE, ERIKA	2600 DOUGLAS RD #1000
Add			CORAL GABLES, FL 33134
X Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change	<del></del> -		
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Times and an one cia, y necessary,	icles, enter change(s) here: (Be specific)	
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an amandment provides for a con-	namas madami@astica auto : U.S	
provisions for implementing the area	nange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:	
(if not applicable, indicate N/A)	noment is not contained in the amenument usen;	
Company of the state of the sta		
<del>-</del>	<del></del>	
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The date of each amendment(s	) adoption:	, if other than
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment	file date)
Note: If the date inserted in the document's effective date on the	s block does not meet the applicable statutory filing req Department of State's records.	uirements, this date will not be listed as
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors withou	it shareholder action and shareholder
■ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes east for sufficient for approval.	or the amendment(s)
☐ The amendment(s) was/were must be separately provided	approved by the shareholders through voting groups. The for each voting group entitled to vote separately on the ar	: following statement nendment(s):
"The number of votes c	ast for the amendment(s) was/were sufficient for approva	I
by		
	(voting group)	
11/06/20 Dated	23	
sele	director, president of other officer – if directors or office eted, by an incorporator – if in the hands of a receiver, truinted fiduciary by that fiduciary)	ers have not been stee, or other court
	CARLOS A. URREA FARIAS	
	(Typed or printed name of person signing)	
	DIRECTOR	
	(Title of person signing)	

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