P23000060015

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	<u>-</u>
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	

Office Use Only



600415379646

09/11/23--01019--022 **43.75



W

COVER LETTER

TO: Amendment Section

Division of Corporations

NAME OF CORPORATION: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: ame of Contact Person Firm/ Company City/ State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Name of Contact Person 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 Filling Fee & **2√\$**43.75 Filing Fee & ■\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status . (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

(Do	cument Number of Corporation (if k	nown)	
Pursuant to the provisions of section 607.1006, Floas Articles of Incorporation:	orida Statutes, this <i>Florida Profit Con</i>	rporution adopts the fo	llowing amendment(s)
. If amending name, enter the new name of the	e corporation:		
			The new
ame must he distinguishable and contain the word Inc.," or Co.," or the designation "Corp," "h chartered," "professional association," or the ab	nc." or "Co". A professional cor	orporated" or the abbi poration name must	eviation "Coro "
Buter new principal office address, if applica Principal office address MUST BE A STREET A	ible: IDDRESS)		
			
Enter new mailing address, if applicable: (Muiling address MAY BE A POST OFFICE I	<u>BOX</u>)		
. If amending the registered agent and/or regis new registered agent and/or the new registere	stered office address in Florida, en	ter the name of the	\?; ;; ;;
Name of New Registered Agent		- -	<u>Ø.</u>
	(Florida street address)		===
New Registered Office Address:	(City)	, Florida	(Zip Code) (A)
			~ <u>~</u> 6
ew Registered Agent's Signature, if changing R	legistered Agent.		

Check if applicable

(1) 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.

X Change	PT Joh	<u>jn Doe</u>			
X Remove	<u>V Mi</u>	ke Jones			
X Add	<u>ŞV</u> <u>Sal</u>	ly Smith			
Type of Action (Check One)	Title	Name	0	<u>Address</u>	
1) Change	CFO	1064	Katael	7572 Ke	gency lake D
Add		J		. ^ /	Hon FL;
1 Remove				33433	·
2) Change					······································
Add					
Remove 3) Change		***			
Add				·=-*** **** = ***** - ******************	
Remove					
4) Change		·			
Add				***	:
Remove					
5) Change					
Add					- <u> </u>
Remove					
6) Change					
Add					
Remove					

	
	,
	· · · · · · · · · · · · · · · · · · ·
	
smendment provides for an exchange, reclassification, or cancellation of issued shares, existing for implementing the amendment if not contained in the amendment itself;	
(if not applicable, indicate N/A)	
	,
N 1 A	
	-
	. ,

The date of each amendment(s) adoption: date this document was signed. Effective date if applicable: 9 5 23 (no more than 90 days after amendment file date)	if other than the
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will redocument's effective date on the Department of State's records.	not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and staction was not required.	hareholder
I The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
U The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval by	
Signature (By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed liduciary by that tiduciary) Ture ph RAFABL	-
(Typed or printed name of person signing)	
CEO	14 3
(Title of person signing)	9793 SELF 11 6/11/0: 36