## P2300006069

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## **COVER LETTER**

TO: Amendment Section

Division of Corporations	
NAME OF CORPORATION: SOUTH FOR DOCUMENT NUMBER: P23000	Florida Resell INC
The enclosed Articles of Amendment and fee are su	bmitted for filing.
Please return all correspondence concerning this ma	tter to the following:
South Flori 5030 Funs Hollywood	Name of Gortact Person  do Pescil Trc.  Firm/ Company  Street  Address  Fig. 33023  City/ State and Zip Code  City/ State annual report notification)
For further information concerning this matter, pleas	se call:
Norris Stortridge Name of Contact Person	at (954) 993-3602 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made	payable to the Florida Department of State:
\$35 Filing Fee S43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & S52.50 Filing Fee Certified Copy (Additional copy is enclosed)  S52.50 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	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

South Florida Desell Tos
(Name of Corneration as )
P230000 (Name of Corporation as currently filed with the Florida Dept. of State)
(Document Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to
of incorporation: Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:
NA /A
"Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."
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 office address:
Name of Nov. Berry
Name of New Registered Agent Norris Shatricke
Elisto Funstan Street
New Registered Office Address: HOI WOOD Florida 33023
(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 position.
Massi Loute As
Signature of New Registered Agent, if changing

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>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	VT	Matalie Shortida Morgan	735 NW 12Uthdr
Add			miami, FI 33149
Remove			·
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change		_	
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an amendment provides for an exchang	e, reclassification, or cancellation of issued shares, nent if not contained in the amendment itself:	`
an amendment provides for an exchang rovisions for implementing the amendm (if not applicable, indicate N/A)	e, reclassification, or cancellation of issued shares, nent if not contained in the amendment itself:	. · · · · · · · · · · · · · · · · · · ·
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rovisions for implementing the amenda	e, reclassification, or cancellation of issued shares, nent if not contained in the amendment itself:	

date this document was stand	if other than the
Effective date if applicable: 11/18/2023 (no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not document's effective date on the Department of State's records.	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 sharaction was not required.	cholder
☐ 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.	
☐ 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 Norris Shortinge (voting group)	
Signature Mosslar annidation of the Control of the	"
(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 fiduciary by that fiduciary)	
Norris Shortrickae	-
(Typed or printed name of person-signing)	<del></del>
	7.: r '
(Title of person signing)	