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## **COVER LETTER**

TO: Amendment Section

Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: Boord Certified, Inc DOCUMENT NUMBER: \_ The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: E-mail address: (to be used for fluture annual report notification) For further information concerning this matter, please call: Mo HL M. II (C 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 Filing Fee & □\$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

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Am	endment 2
to	
Articles of Incor	poration $\mathcal{L} := \frac{\omega}{L} = \frac{\omega}{L}$
of of	
Board Certified Inc	and the second s
(Name of Corporation as currently	Glad with the Florida Dant of State)
(Name of Corporation as currently	filed with the Florida Dept. of State)
(Document Number of C	orporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>FI</i> its Articles of Incorporation:	orida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
$\Lambda / \Lambda$	77
name must be distinguishable and contain the word "corporation," "	The new
"Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A	repairs, or incorporation name must contain the word
"chartered," "professional association," or the abbreviation "P.A."	noncessional comportation name mast contain the world
chartered, projessional association, in the annieritation 1.71.	.//^
B. Enter new principal office address, if applicable:	N 114
(Principal office address MUST BE A STREET ADDRESS)	——————————————————————————————————————
, , , , , , , , , , , , , , , , , , , ,	
C. Enter new mailing address, if applicable:	$\Lambda/\Lambda$
(Mailing address <u>MAY BE A POST OFFICE BOX</u> )	/ / / / / /
D. If amending the registered agent and/or registered office address	on in Florida, anton the name of the
new registered agent and/or the new registered office address:	is in Fiorida, enter the name of the
new registered agent and/or the new registered office address.	
Name of New Registered Agent	
(Florida street	address)
1///	
New Registered Office Address: 18 // 1	Florida
· (C	ity) (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.

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: <u>X</u> Change	PT John	<u>1 Doe</u>	
X Remove	<u>V</u> <u>Mik</u>	<u>e Jones</u>	
X Add	SV Sall	y Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	VP	Nikki M. Yiannacopa	2010s 4701 201 Au S
Add			5+ Pet FL 3371
Remove		N/A	
2) Change Add			
Remove 3 ) Change	<del></del>	NA	
Add		·	
Remove		0/1/0	
4) Change		<i>/V_I/</i> <del>/</del>	
Add			
Remove		11/1	
5) Change		<del>////</del>	
Add		. 1	
Remove		N/ /A	
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	$\Lambda/I_{\rm m}$
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an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,
provisions for implementing the amer	ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:
an amendment provides for an exchorovisions for implementing the amer (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
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The date of each amendment(s) adoption: _ date this document was signed.	1-24-24	, if other than
Effective date if applicable:	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does document's effective date on the Department	not meet the applicable statutory filing requirements,	, this date will not be listed as
Adoption of Amendment(s) (C	CHECK ONE)	
The amendment(s) was/were adopted by the action was not required.	ne incorporators, or board of directors without sharehol	der action and shareholder
☐ The amendment(s) was/were adopted by the by the shareholders was/were sufficient for	ne shareholders. The number of votes cast for the amer or approval.	ndment(s)
must be separately provided for each votin	the shareholders through voting groups. The following ng group entitled to vote separately on the amendment(	
_	nendment(s) was/were sufficient for approval	
by 11 16 they Ither for	oting group)	
Dated	· · · · · · · · · · · · · · · · · · ·	
Signature MAA A	esident or other officer – if directors or officers have no	
selected, by an in	esident or other officer – if directors or officers have no acorporator – if in the hands of a receiver, trustee, or oth ary by that fiduciary)	ot been her court
_Mat	(Typed or printed name of person signing)	
٣	resident	
<del></del>	(Title of person signing)	

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