P24000016189

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

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: WALTEN UNITURE. INC
DOCUMENT NUMBER: P24000016189
The enclosed Articles of Amendment and fee are submitted for filling.
Please return all correspondence concerning this matter to the following:
Barbary Am Hamiton Name of Contact Person
Liarren Unitable inc
Warren Unitable inc Firm/Company
14735 Betina St Address
Address
Winter Garalen, FL 34787 City/State and Zip Code
City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
) en rife Humiten at (407) (653 - 9815) Name of Contact Person Area Code & Daytime Telephone Number
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:
S43.75 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) 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 of

Warren Unitube in	
(Name of Corporation as currently f	iled with the Florida Dept. of State)
P24000016189	
(Document Number of C	orporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Fla</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:	
	The new
name must be distinguishable and contain the word "corporation," "con". Inc.," or Co.," or the designation "Corp," "Inc.," or "Co". A p "chartered," "professional association," or the abbreviation "P.A."	npany," or "incorporated" or the abbreviation "Corp"
B. Enter new principal office address, if applicable:	20
(Principal office address MUST BE A STREET ADDRESS)	72
	1R 19 AM
C. Enter new mailing address, if applicable:	A# <
(Mailing address MAY BE A POST OFFICE BOX)	
	99
	ھ
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	s in Florida, enter the name of the
Name of New Registered Agent Bay bara Ann	Hamilton
14735 Belina	a St
(rioriau street	adaressi
New Registered Office Address: Winty Grade	
(Ci	Ņ) (Zīp Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with Signature of New Registered Agent.	n and accept the obligations of the position. Stered Agent, if changing

Check if applicable

. .

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), 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	<u>Addres</u> s
I) Change	V5	Barbara Am Hamiten	14735 Behna St
			W. Mer Gerden FL
Remove			34H87
2) Change			
Add			
Remove Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	dding additional Art sheets, if necessary).	(Be specific)			
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an amendment	provides for an excl	hange, reclassificat	ion, or cancellation	on of issued share:	<u>5.</u>
if not applic	nplementing the amerable, indicate N/A)	enament it not cont	ained in the ame	nament itseit:	
.,	•				
				·	
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				-	

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		n: 03/05/24		
	ach amendment(s) adoptionent was signed.	n: (3) (3) (4)		_, if other than the
Effective date	if applicable:	03/05/24	er amendment file date)	
		(no more than 90 days afte	r amendment file date)	
Note: If the c document's ef	late inserted in this block d fective date on the Departm	oes not meet the applicable statuent of State's records.	tory filing requirements, this date will i	not be listed as the
Adoption of A	Amendment(s)	(CHECK ONE)		
O The amend action was	ment(s) was/were adopted hot required.	y the incorporators, or board of di	irectors without shareholder action and s	hareholder
	ment(s) was/were adopted b reholders was/were sufficier		of votes cast for the amendment(s)	
		by the shareholders through votin oting group entitled to vote separ	ig groups. The following statement ately on the amendment(s):	
"The	number of votes cast for the	amendment(s) was/were sufficient	at for approval	
ьу _	·	(voting group)	^w	
	Dated 3/19/2	Щ		
	Signature BH			
	(By a director	president or other officer - if dire		
		n incorporator – if in the hands of aciary by that fiduciary)	a receiver, trustee, or other court	
		Barbara Ann Ho	erson signing)	
		VISE President (Title of person signing)	- / Seera tory	
		(Title of person signing)	y	