P24000019891



(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Oity/State/Zip/Fitche #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
ILLIVANA FARMS-KIP
Office Use Only



800437070928

1070.124--1.129--019 **4:.75

2025 Oct 25 - Fri 3: 53

COVER LETTER

TO: Amendment Section

Division of Corporations

NAME OF CORPORATION: DOCUMENT NUMBER: The enclosed Articles of Amend Please return all correspondence	P 2400 Imeni and fee are sub		OA. Boad Sets Di 3300	
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:				
Name of Contact Enclosed is a check for the following the			de & Daytime Telephone Number artment of State:	
	13.75 Filing Fee & ertificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Add Amendment S Division of C P.O. Box 632 Tallahassee, F	Section orporations 7	Amend Division The C 2415 I	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303	

Articles of Amendment

Articles of Incorporation of

Journey 31, INC	Table Dank of Chata)
(Name of Corporation as currently filed with the 1	torida Dept. of State)
(Document Number of Corporation (if	known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Co</i> its Articles of Incorporation:	rporation adopts the following amendment(s) t
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation," "company," or "in "Inc," or Co.," or the designation "Corp," "Inc," or "Co". A professional co "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable:	orporation name must contain the word
(Principal office address MUST BE A STREET ADDRESS)	262
	C
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	ir N
	77. T.
	7. G
D. If amending the registered agent and/or registered office address in Florida, of	nter the name of the
Name of New Registered Agent (17578/ L.)	bertsex
3217 Del:/AH	Drive
New Registered Office Address: (Florida street address)	, Florida
(City)	(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.

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.

X Change	PT John	Doe	
X Remove	<u>V</u> <u>Mike</u>	: Jones	
X Add	<u>SV</u> <u>Sally</u>	Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change	VP	Marie Hills	1601 LEESTreeT
Add		I	FORT Myers, 71.33901
Remove	\sim α	March	1601 ITE SI real
2) Change	<u>1)15</u>	Narie Hila	7 11405 Pl 25901
Add		1.	3217 Delilat Sive
Remove Change	\mathcal{L}	CrySTAI L. Kabelta	Jake (3(d), 1/1, 33413
_ X _Add		·	20 -) // /
Remove	10	NINTALIA	347) d. laft) (IVE
4) Change	VT	("hristother J. PaparBu	4 (afe(bb), Pl 3393.
X Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

amending or adding additional Artic ttach additional sheets, if necessary).	(Be specific)
<u> </u>	
an amendment provides for an exch	ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:
(if not applicable, indicate N/A)	nament it not contained in the amendment
	 :
	<u> </u>

. . .

The date of each amendment(date this document was signed.) adoption: 10 28 2024	_, if other than the
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	is block does not meet the applicable statutory filing requirements, this date will Department of State's records.	not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors without shareholder action and s	shareholder
☐ The amendment(s) was/were by the shareholders was/we	adopted by the shareholders. The number of votes east for the amendment(s) e sufficient for approval.	
must be separately provided	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	
"The number of votes	ast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
se	a director president or officer – if directors or officers have not been exted, by an incorporator – if in the hands of a receiver, trustee, or other court sointed fiduciary by that fiduciary) (Typedor printed name of person signing) Critle of person stening)	