P24 0000 27734

(Requestor's Name)	
(Address)	
(Address)	-
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Statu	ıs.
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ZOZYMAN 17 MH 12: 40 SECRETARY OF STATE

COVER LETTER

TO: Amendment Section

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

NAME OF CORPORATION: (NGWO CENTRIC Itad Scape restriction document number:
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Contact Person Agua Centric Hardscarse Medoration and Firm/ Company Z324 Vater Sick Drive Address Lake Worth Fr. 33463 City/ State and Zip Code
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Same of Contact Person Area Code & Daytime Telephone Number Too
Name of Contact reison Area Code & Daytine Telephone Number (117)
Enclosed is a check for the following amount made payable to the Florida Department of State: \$\frac{13}{121} \frac{1}{121} \fr
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

Articles of Amendment

to

Articles of Incorporation of

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(Name of Corporation as currently filed with the Florida Dept. of State)
P Z40000277-34
(Document Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:
A. If amending name, enter the new name of the corporation:
The new
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "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 thank
new registered agent and/or the new registered office address:
Name of New Registered Agent Sava Caroll
New Registered Office Address: Z324 Wetty Side Dr., Lake Worth, El. (City) Lake worth (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.

Example: X Change	<u>PT</u>	John Doc	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
I) Change		Sara Carroll	Lake Worth fe
Add			(alle Worth Fe
Kemove			33461
2) Change			
Add			
Remove 3) Change			
Add			255 E. 1.3
Remove			
4) Change			
Add			
Remove			
5) Change			<u></u>
Add			
Remove			
6) Change			
Add			
Remove			

amending or adding additional Arti ttach additional sheets, if necessary).	(Be specific)		
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f an amendment provides for an excl	ange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:	RY OF STATE	,
(if not applicable, indicate N/A)	ndment it not contained at the amendment users.	19 19 19 19 19 19 19 19 19 19 19 19 19 1	
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The date of each amendment(s) adoption:	5/1	2024		, if other than th
date this document was signed. Effective date if applicable:		11/2024		
	(no more than	90 days\after amendhe	ent file date)	
Note: If the date inserted in this block does not document's effective date on the Department of		icable statutory filing	requirements, this dat	te will not be listed as th
Adoption of Amendment(s) (CII	ECK ONE)			
The amendment(s) was/were adopted by the action was not required.	incorporators, or	board of directors wit	hout shareholder actio	on and shareholder
☐ The amendment(s) was were adopted by the by the shareholders was/were sufficient for		he number of votes cas	it for the amendment(s	s)
☐ The amendment(s) was were approved by th must be separately provided for each voting				ant ent
"The number of votes cast for the amer	ndment(s) was/w	ere sufficient for appro	oval	
by(vol	ing group)		<u> </u>	
Dated April 30	2024			
Signartire A	Len	ficer – if directors or o	fficers have not been	
• • • • • • • • • • • • • • • • • • • •	orporator – if in (he hands of a receiver.		· 2
B	Centt (Typed or printed	d name of person signi	on P	SECTION SECTION
	C.E			
	(Title of person :	signing)		75 TO 12: 13
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