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WALLAHASSEL FLORIDATA LANG SEE FAIL

COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORA	ATION:	- 5 VE	TLAND MO	<u>> B</u> 4RBAR.	4 IN
DOCUMENT NUMBI	er: <u>7240</u>	00041207			
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.			
Please return all corresp	ondence concerning this ma	itter to the following:			
-	ALEX F	Name of Contact Person	n		
_		1400			
•		Firm/ Company			
_	8050 ARL	INGTONE? Address	KRESSWAY	<u>Ar</u> tosia	13
_	JACK SONVI	City/ State and Zip Code	32214		
_	E-mail address: (to be us	AVIX PUSD 906 sed for future annual report	a gmail.com		
		· · · · · · · · · · · · · · · · · · ·	•		; •
For further information	concerning this matter, plea	se call:		2024 MAT SECRET TALL/	
ALEX	Contact Person the following amount made	at (<u>632</u>) - 863-8PSC	TARY ANTI- TARY TO T	э , ~≀ю* Л ;
Name of	Contact Person	Area Co	de & Daytime Telephone	Number A	- 1-13 - 1-13 - 1-13
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:	Men p	E many
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certificate of Status Certified Copy (Additional Copy is enclosed)	•	3
Amer Divisi	ng Address Idment Section Idment Corporations Box 6327	Amend Divisio	Address Iment Section on of Corporations entre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

SvE TLANA AND 1 (Name of Corp.)	SARBARA I	ÎNC.			
(Name of Corp	oration as currently	filed with the Florida Dep	ot. of State)		
P 240 0000	442 na				
1)	Document Number of	Corporation (if known)		<u> </u>	
Pursuant to the provisions of section 607.1006, Fits Articles of Incorporation:					nt(s) to
A. If amending name, enter the new name of	the corporation:				
name must be distinguishable and contain the wo	+ INC			The new	
name must be distinguishable and contain the wo "Inc.," or Co.," or the designation "Corp," "chartered," "professional association," or the	"Inc," or "Co". A	ompany," or "incorporated professional corporation	or the abbrevi name must con	ation "Corp.," uain the word	
B. Enter new principal office address, if apple (Principal office address MUST BE A STREET)			 -		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC	E BOX)			2021	
				OFFIAR OFFIAR	COLUMN CO
D. If amending the registered agent and/or re- new registered agent and/or the new regis			ame of the	2 SS	77
Name of New Registered Agent				2: 37 SIATE	
	(Florida stre	at addrassi			
	i toriuu sire	er adaressy			
New Registered Office Address:	(City)	_, Florida 	Lip Code)	
New Registered Agent's Signature, if changin I hereby accept the appointment as registered as	g Registered Agent: gent. I am familiar w	ith and accept the obligatio	ns of the positic)H.	
			•••		
	Signature of New Re	gistered 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)

Example:

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	<u>PT</u> <u>John</u>	ı Doe	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
X Add	SV Sall	y Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) \angle Change	<u> </u>	ALEX FOUT	JAKKSONVILLE FL 32211
Add			JAKKANVILLE FL 32211
Remove			
2) Change			
Add			
Remove Change			
Add			<u></u>
Remove			EC EC
4) Change			RETHIN 12
Add			
Remove			SET 2:
5) Change			<u></u> <u>ω</u>
Add			1 • 6
Remove			
6) Change			
Add			
Remove			

attach additional sheets, if necessary).	(Be specific)	
		,_ (,)
		••••
an amendment provides for an exc	change, reclassification, or cancellation of issued she endment if not contained in the amendment itself:	iares,
(if not applicable, indicate N/A)	Chamen in not contained in the unchamen insert	•
		20 SE
		4 KA
		i = i
		1 A 25
		AT 25 AF
		LAHASSEE
		AT 25 AF 2: LARY OF STEAHASSEE, F
		AT 25 AH 2: LARY OF STU LAHASSEEL F

The date of each amendment(s) adoption: _	0(/25/24	, if other than the
date this document was signed.	01/20/20	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment)	(ile date)
Note: If the date inserted in this block does document's effective date on the Department		irements, this date will not be listed as the
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 withou	t shareholder action and shareholder
☐ The amendment(s) was/were adopted by the by the shareholders was/were sufficient for		r the amendment(s)
☐ The amendment(s) was/were approved by must be separately provided for each voting	the shareholders through voting groups. The age group entitled to vote separately on the an	
"The number of votes cast for the an	nendment(s) was/were sufficient for approval	
by	oting group)	,,
(v	oting group)	
Dated <u>() 6/25/</u>	2 4	
Signature		
(By a director, pro- selected, by an in	esident or other officer – if directors or office acorporator – if in the hands of a receiver, tru ary by that fiduciary)	
	ACEX FORT (Typed or printed name of person signing)	
	PRESIDE 12+ (Title of person signing)	
	(Title of person signing)	

SECRETARY OF STATE TALLAHASSEE, FL