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(I	Requestor's Name	e)
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PICK-UP	MAIT	MAIL
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08/20/24--01024--003 **35.00

16 HUNT 28/20/24

COVER LETTER

TO: Amendment Section Division of Corporations			
NAME OF CORPORATION: SKINDY & Chubs Inc.			
DOCUMENT NUMBER: P 24000044497			
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			
Name of Contact Person			
5 Kinny & Chubs, Inc.			
10789 Cubernet Crossing			
Address			
Lakeland, Fl. 33811			
City/ State and Zip Code			
LALLEN 9201@gmail. Com E-mail address: (to be used for future annual report notification)			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Name of Contact Person at (843) $8/3-3373$ 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:			
\$35 Filing Fee			

Street Address
Amendment Section

Division of Corporations

The Centre of Tallahassee

Mailing Address

P.O. Box 6327

Amendment Section
Division of Corporations

Articles of Amendment to Articles of Incorporation of

	of
_	s currently filed with the Florida Dept. of State)
P 24000044497	
(Docun	Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	tutes, this Florida Profit Corporation adopts the following amendment
A. If amending name, enter the new name of the co	ration:
name must be distinguishable and southing the said	The new
"Inc.," or Co.," or the designation "Corp.," "Inc.," or the abbre "chartered," "professional association," or the abbre	ration," "company," or "incorporated" or the abbreviation "Corp.," "Co". A professional corporation name must contain the word on "P.A."
B. Enter new principal office address, if applicable	
(Principal office address <u>MUST BE A STREET ADD</u>	<u>SS</u>)
C. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BO.	
D. If amending the registered agent and/or register new registered agent and/or the new registered of	ffice address in Florida, enter the name of the
new registered agent and/or the new registered (address:
Name of New Registered Agent	
	Florida street address)
New Registered Office Address:	, Fłorida
	(City) (Zip Code)
No. D. Co. D. Co.	
New Registered Agent's Signature, if changing Regi	ed Agent: familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

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:	name, and
(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; Cl	FO = ChieC
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.	ojjiec neia.
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.	a Change,
Example:	
Y Change DT John Dog	

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)	Title	<u>Name</u>	Address
1) Change		Lori S. Allen	6789 Cabernet Crossin
Add			6789 Cabernet Crossing Lakeland, FL 33811
Remove			
2) Change			
Add			
Remove Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change	-		
			e
Remove			
6) Change			
Add			
			· · · · · · · · · · · · · · · · · · ·

____ Remove

(Attach additional sheets, if necessary),	icles, enter change(s) here: (Be specific)
	(_F y))
· · · · · · · · · · · · · · · · · · ·	
f an amendment provides for an excha	ange, reclassification, or cancellation of issued shares,
provisions for implementing the amen	adment if not contained in the amendment itself:
1.5	The American Court
(if not applicable, indicate N/A)	

date this document was signed.	_, ir outer man me
Effective date if applicable: $\frac{7}{24}/24$	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will reducement's effective date on the Department of State's records.	iot be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and slaction was not required.	nareholder
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
Signature (By a director, desident or other officer – if directors or officers have not been selected by an incorporate – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
Teffrey John Allen (Typed or printed name of person signing)	
President	
(Title of person signing)	-