## P24000048712



(Requestor's Name)
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(Address)
(City/State/Zip/Phone #)
, , , , , ,
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entity Name)
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10/04/24--01022--001 \*\*35.00



## COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORPOI	RATION:	ENT ADVISORS INC				
DOCUMENT NUMI	BER: P24000048712					
The enclosed Articles	of Amendment and fee are sul	bmitted for filing.				
Please return all corre	spondence concerning this man	iter to the following:				
	ROBERT RECKLEIN					
	Name of Contact Person					
	VANDERBILT COMPANIES, INC					
		Firm/ Company				
	11983 TAMIAMI TRAIL N	SUITE 138				
		Address				
	NAPLES, FL 34110					
	<u> </u>	City/ State and Zip Code	2			
	A kilab ID Governor	·				
	vanderbiltRJR@att.net	sed for future annual report	notification)			
For further informatic	on concerning this matter, pleas		594-6999			
Name	of Contact Person	at ( Area Co				
Enclosed is a check for	or the following amount made	payable to the Florida Dep	artment of State:			
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status 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

A 2. I	MANIA	CHMENT	ADVISORS	INC

Check if applicable

 $\square$  The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e). F.S.

( <u>Name of C</u> )	orporation as current	y filed with the Florida Dep	t. of State)	
24000048712				
	(Document Number o	f Corporation (if known)		
Pursuant to the provisions of section 607.1000 ts Articles of Incorporation:	6, Florida Statutes, this	Florida Profit Corporation a	dopts the followi	ng amendment(s) to
A. If amending name, enter the new name	of the corporation:			
				The new
name must be distinguishable and contain the Inc.," or Co.," or the designation "Corp "chartered," "professional association," or i	," "Inc," or "Co".     .	A professional corporation r	or the abbreviat name must conto	ion "Corp.," in the word
3. Enter new principal office address, if a		ANDRE E FREYRE		*-3
Principal office address MUST BE A STRE	EET ADDRESS )	5025 KINGSTON WAY		(
		NAPLES, FL 34119		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		5025 KINGSTON WAY	( !	· :
(France, address per les con l		NAPLES, FL 34119	· · · · · · · · · · · · · · · · · · ·	2
			,.	<del>C.</del>
D. If amending the registered agent and/o new registered agent and/or the new re	r registered office add gistered office addres	ress in Florida, enter the na s:	me of the	
<del>-</del>	NDRE E FREYRE			
•	25 KINGSTON WAY			
_	(Florida st	reet address)		
	APLES		. Florida 34119	
New Registered Office Address:				Code)

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>	<u>Name</u>	Address
1) Change	PS	ANDRE E FREYRE	5025 KINGSTON WAY
X Add	<u></u>		NAPLES. FL 34119
Remove			6001 SW 70TH STREET #117
2) Change	PS	ANDRE J FREYRE	
Add			SOUTH MIAMI, FL 33143
X Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change	-		
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional shee	ets, if necessary). (1	Be specific)	(s) here:			
<u>-</u>			•	<u></u>	<del></del>	
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				<u> </u>		
f an amandment nr	ovides for an exchan	ue reclassificat	tion, or cancell:	ation of issued s	hares.	
provisions for imple	ementing the amend	ment if not con	tained in the ar	nendment itself	<del></del>	
(if not applicabl	e, indicate N/A)					
<u> </u>	<del></del>					
	<del></del>					

The date of each	amendment(s) adoptiont was signed.	n: 9/10/	2024	, if other than the
Effective date <u>if</u>	applicable:	(no more than 90	) days after amendn	nent file date)
Note: If the date document's effec	e inserted in this block d tive date on the Departm	oes not meet the application of State's records.	able statutory filing	requirements, this date will not be listed as the
Adoption of Am	endment(s)	( <u>CHECK ONE</u> )		
The amendme action was no		y the incorporators, or b	oard of directors w	ithout shareholder action and shareholder
☐ The amendme by the shareh	nt(s) was/were adopted bolders was/were sufficier	y the shareholders. The at for approval.	number of votes ca	st for the amendment(s)
☐ The amendme must be sepa.	nt(s) was/were approved rately provided for each v	by the shareholders thro voting group entitled to	ough voting groups. Fote separately on t	The following statement he amendment(s):
"The nu	mber of votes cast for the	amendment(s) was/wer	e sufficient for app	roval
by		(voting group)		``
	9/10/2024 Dated Signature (By a director	president or other office	er – if directors or	officers have not been r, trustee, or other court
		uciary by that fiduciary)	ı	
		(Typed or printed	name of person sign	ning)
	<del></del>	(Title of person sig	gning)	