P24000049361

(Re	questor's Name)	
(Ad	dress)	
(A.t	dia a s	
(Ad	dress)	
(Cit	y/State/Zip/Phone #)
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(Bu:	siness Entity Name)
(Do	cument Number)	-
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: PRITCHBIZ, INC.		
DOCUMENT NUMB			
	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	Mitchell Stovring		
•		Name of Contact Persor	1
	Southwest Professional Services of So. FL, Inc.		
•	-	Firm/ Company	
	17595 S Tamiami Tr Ste 221		
		Address	
	Fort Myers FL 33908		
•		City/ State and Zip Code	<u> </u>
	swpmitch@gmail.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, pleas		481-4444
	of Contact Person	at (<u>239</u>	de & Daytime Telephone Number
Name o	(Contact Person	Area Coo	ac & Dayume Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	irtinent of State:
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divis P.O.	ing Address ndment Section sion of Corporations Box 6327 thassee, FL 32314	Amend Divisio The Co 2415 N	Address ment Section n of Corporations entre of Tallahassee J. Monroe Street, Suite 810 ssec, FL 32303

Articles of Amendment to Articles of Incorporation of

FILED

PRITCHBIZ, INC.	n as currently filed with the Florida Dept. of State)
(Name of Corporatio	n as currently filed with the Florida Dept, of State)
P24000049361	TALL AHASSEE STATE
(Dосиль	ent Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment(s) t
A. If amending name, enter the new name of the con	rporation:
	The new
name must be distinguishable and contain the word "cor "Inc.," or Co.," or the designation "Corp," "Inc," "chartered," "professional association," or the abbrev	rporation," "company," or "incorporated" or the abbreviation "Corp.," or "Co". A professional corporation name must contain the word liation "P.4."
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADD</u>	
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BON</u>	X)
D. If amending the registered agent and/or registered new registered agent and/or the new registered of Name of New Registered Agent	
Name of New Registered Agem	·*····································
	(Florida street address)
No a Booker of LOGO and the con-	F1 . 1
New Registered Office Address:	, Florida
New Registered Agent's Signature, if changing Regis I hereby accept the appointment as registered agent. I	stered Agent: am familiar with and accept the obligations of the position.
Signat	ture 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)

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>	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
1) Change	VP	CHRISTINE PRITCHARD	1401 SW 11TH COURT
XAdd			CAPE CORAL FL 33991
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change		_	
Add			
Remove			
5) Change		_	
Add			
Remove			
6) Change			
Add			
Remove			
KCHRAC			

Attach additional sheets, if necessary).	(Re specific)
· · ·	
	· · · · · · · · · · · · · · · · · · ·
	
	
	
	
f an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
• • •	
	
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The date of each amendment(s) a	doption:	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bedocument's effective date on the Do	plock does not meet the applicable statutory tiling requirements, the partment of State's records.	nis date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were add action was not required.	opted by the incorporators, or board of directors without shareholde	r action and Shareholder
☐ The amendment(s) was/were add by the shareholders was/were so	opted by the shareholders. The number of votes east for the amend afficient for approval.	ment(s)
	proved by the shareholders through voting groups. The following so each voting group entitled to vote separately on the amendment(s)	
"The number of votes east	for the amendment(s) was/were sufficient for approval	
by	<u> </u>	
	(voting group)	
08/05/2024		
Signature Me-	lad fulling	
selecte	irector, president or other officer - if directors or officers have not d, by an incorporator - if in the hands of a receiver, trustee, or othe ted fiduciary by that fiduciary)	
	(Typed or printed name of person signing)	
	Resident	
	(Title of person signing)	