P24000058214

| (Requestor's Name) |
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| (Address) |
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| (City/State/Zip/Phone #) |
| |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
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| (Document Number) |
| (Document Number) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer. |
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Office Use Only



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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

| NAME OF CORPO | PRATION: MOBILE HOME: | SALES AND SOLUTION | S INC. | |
|-------------------------|--|--|--|---------------|
| | BER: | | | |
| | s of Amendment and fee are su | ibmitted for filing. | | |
| Please return all corr | espondence concerning this ma | tter to the following: | | |
| | FTIMOTHY MAPP | | | |
| | | Name of Contact Perso | n | _ |
| | MERIT MOBILE HOME SO | DEUTIONS INC. | | |
| | | Firm/ Company | | _ |
| | 3120 SOUTHGATE CR. | | | |
| | | Address | | _ |
| | SARASOTA, FL 34239 | | | |
| | | City/ State and Zip Cod | le | - |
| | | | | |
| | TIM@MAPPREALTY.COM | | | |
| | E-mail address: (to be us | sed for future annual report | notification) | |
| For further information | on concerning this matter, pleas | se call: | | |
| TIM MAPP | | 941 at (| | |
| Name | of Contact Person | Area Co | de & Daytime Telephone Numbe | ЭГ |
| Enclosed is a check f | 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) | |
| An Div | ulling Address nendment Section vision of Corporations D. Box 6327 | Ameno Divisio | Address Iment Section on of Corporations entre of Tallahassee | 1 |

24 OCT -3 AMIO: 3

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

| MOBILE HOME SALES AND SOLUT | IONS INC. | |
|---|-------------------------------|--|
| (Name | of Corporation as current | ly filed with the Florida Dept. of State) |
| P24000058214 | | |
| | (Document Number o | of Corporation (if known) |
| Pursuant to the provisions of section 607 its Articles of Incorporation: | .1006, Florida Statutes, this | Florida Profit Corporation adopts the following amendment(s |
| A. If amending name, enter the new n | | |
| MERIT MOBILE HOME SOLUTIONS | | The new |
| name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association, | Corp," "Inc," or "Co". | company," or "incorporated" or the abbreviation "Corp.," A professional corporation name must contain the word " |
| B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>) | | 3120 SOUTHGATE CR. |
| | | SARASOTA, FL 34239 US |
| | | |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | | 3120 SOUTHGATE CR. |
| | | SARASOTA, FL 34239 US |
| | | |
| D. If amending the registered agent an new registered agent and/or the ne | | |
| Name of New Registered Agent | N/A | |
| | | |
| | (Florida st | reet address) |
| New Registered Office Address: | N/A | . Florida N/A |
| New Registered Office Address. | | (City) (Zip Code) |
| | | |
| New Registered Agent's Signature, if c I hereby accept the appointment as regis. | | :: with and accept the obligations of the position. |
| | NIA | Registered Agent, if changing |
| | Signature of New F | legistered Agent, if changing |
| Check if applicable ☐ The amendment(s) is/are being filed p | | |

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 | PT | John Doe | |
|----------------------------|-----------------|----------------------|---------------------------------------|
| X Remove | \underline{V} | Mike Jones | |
| X Add | <u>sv</u> | Sally Smith | |
| Type of Action (Check One) | <u>Title</u> | <u>Name</u> | Address |
| 1) X Change | Đ | TONYA MILLER-TURCZYN | 3120 SOUTHGATE CR. |
| Add | | | SARASOTA, FL 34239 US |
| Remove | D | MISTY STINSON | 5100 60TH STREET E U-12 |
| 2) X Change Add | - | | BRADETNON, FL 34203 US |
| Remove 3) Change | | | |
| Add | | | |
| Remove | | | |
| 4) Change | | | |
| Add | | | |
| Remove | | | |
| 5) Change | | | · · · · · · · · · · · · · · · · · · · |
| Add | | | |
| Remove | | | |
| 6) Change | | | |
| Add | | | |
| Remove | | | |

| (Attach additional sheets, if necessary). (Be specific) | |
|---|------------------------------------|
| N/A | |
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| provisions for implementing the amendment if not contained in the amend (if not applicable, indicate N/A) | of issued shares, ment itself: |
| provisions for implementing the amendment if not contained in the amend (if not applicable, indicate N/A) | of issued shares, ment itself: |
| provisions for implementing the amendment if not contained in the amend (if not applicable, indicate N/A) | of issued shares, ment itself: |
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| provisions for implementing the amendment if not contained in the amend (if not applicable, indicate N/A) N/A | ment itself: |
| provisions for implementing the amendment if not contained in the amend (if not applicable, indicate N/A) N/A | SFO ANA |
| provisions for implementing the amendment if not contained in the amend (if not applicable, indicate N/A) N/A | SFO ANA |
| (if not applicable, indicate N/A) N/A | ment itself: |

| | SEPTEMBER 30, 2024 | |
|---|--|--|
| The date of each amendmedate this document was sign | • • • | , if other than the |
| Effective date if applicable | SEPTEMBER 30, 2024 | |
| име <u>и аррисанс</u> | (no more than 90 days after amendment file d | ate) |
| | n this block does not meet the applicable statutory filing requiren n the Department of State's records. | nents, this date will not be listed as the |
| Adoption of Amendment(s | (<u>CHECK ONE</u>) | |
| The amendment(s) was/v action was not required. | were adopted by the incorporators, or board of directors without share | reholder action and shareholder |
| | were adopted by the shareholders. The number of votes cast for the were sufficient for approval. | amendment(s) |
| | vere approved by the shareholders through voting groups. The folloided for each voting group entitled to vote separately on the amenda | |
| "The number of vo | tes east for the amendment(s) was/were sufficient for approval | |
| by <u>3</u> | | |
| | (voting group) | |
| SEI Dated | TEMBER 30, 2024 | |
| Signature | | <i>)</i> |
| | (By a director, president or other officer – if directors or officers ha selected, by an incorporator – if in the hands of a receiver, trustee, appointed fiduciary by that fiduciary) | |
| | TONYA MILLER-TURCZYN | |
| | (Typed or printed name of person signing) | |
| | DIRECTOR | |
| | (Title of person signing) | |

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