## P24000068662

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PICK-UP WAIT MAIL			
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## COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	ATION: HUMMINGBIRD	OF PARADISE INC			
DOCUMENT NUMB	ER:				
	of Amendment and fee are sub	omitted for filing.			
Please return all corres	pondence concerning this mat	ter to the following:			
	TARAINA D. PHILLIPS				
-		Name of Contact Person			
	HUMMINGBIRD OF PARADISE INC				
•	<u> </u>	Firm/ Company			
	4701 CHEVAL BLVD				
-		Address			
	LUTZ, FL 33558				
•		City/ State and Zip Code	:		
	marcus@hernandezaccountir	ig.com			
	E-mail address: (to be us	sed for future annual report	notification)		
For further information	n concerning this matter, pleas	se call: at (	406-4406		
Name	of Contact Person	at ( Area Co	de & Daytime Telephone Number		
	r the following amount made				
■ \$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)		
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

HUMMINGBERD OF PARADISE INC

FILED

HOWINDONKD OF LYKYDDE INC				
(Name o	f Corporation as currently	filed with the Floriday	lent_of State)	
P24000068662		20	20 FEB 13' PH 4: L	t le
Pursuant to the provisions of section 607.		Corporation (if known)	ALLAHASSEE E	F nendment(s) to
its Articles of Incorporation:				
A. If amending name, enter the new na	me of the corporation:			
			Th	
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association,"	orp," "Inc," or "Co". A	ompany," or "incorporato professional corporatio	ed" or the abbreviation " n name must contain th	Corp.," ne word
B. Enter new principal office address. (Principal office address MUST BE A S	if applicable: TREET ADDRESS )			
				<del></del>
C. Enter new mailing address, if appli (Mailing address MAY BE A POST)	<u>cable:</u> OFFICE BOX)			
(Muting daties) <u>517(1 1) 27 1 29 1 3</u>	<u>//                                   </u>			
				<del></del>
D. If amending the registered agent an	d/or registered office addr	ess in Florida, enter the	name of the	
new registered agent and/or the new	w registered office address:			
Name of New Registered Agent	TARAINA D. PHILLIPS			
tione by the riegarity of the	4701 CHEVAL BLVD			
	(Florida stre	et address)		
New Registered Office Address:	LUTZ		, Florida 33558	
<u>New Registerea Office Address</u> .		(City)	(Zip Coa	le)
New Registered Agent's Signature, if c I hereby accept the appointment as regis.	hanging Registered Agent: tered agent. I am familiar w	ith and accept the oblige	uions of the position.	
	Ja D.	h		
<del></del>	Signature of New Re	egistered Agent, if chang	ing	

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>1'4</u>	John Doe	
X Remove	<u>Y</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) X Change	MGR	TARAINA D. PHILLIPS	4701 CHEVAL BLVD
Add			LUTZ, FL 33558
Remove			
2) Change			
Add			
Remove Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
R CHIANC			

ach additional sheets, if necessary).	cles, enter change(s) h (Be specific)			
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an amendment provides for an exc	hanga raclassification	or cancellation of is	sued shares.	
rovisions for implementing the amo	endment if not contair	red in the amendmen	it itself:	
rovisions for uniprementing the and			<del></del>	
(if not applicable, indicate N/A)				
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(if not applicable, indicate N/A)				
(if not applicable, indicate N/A)				

	loption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file d	(ate)
Note: If the date inserted in this b document's effective date on the De	lock does not meet the applicable statutory filing requiren partment of State's records.	nents, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were add action was not required.	opted by the incorporators, or board of directors without sha	reholder action and shareholder
☐ The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes east for the officient for approval.	amendment(s)
☐ The amendment(s) was/were approximate the separately provided for	proved by the shareholders through voting groups. The followard each voting group entitled to vote separately on the amend	owing statement lment(s):
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voling group)	
selecto	irector, president or other officer – if directors or officers hd. by an incorporator – if in the hands of a receiver, trustee	ave not been , or other court
appoir	nted fiduciary by that fiduciary)	
	TARAINA D. PHILLIPS	
	(Typed or printed name of person signing)	
	MANAGING MEMBER	
	(Title of person signing)	