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BAND STATE

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION:)UM, IVC.	_ _
DOCUMENT NUMB	BER: ?	94 0000 1030	9
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	(7)	ARY B. CASPE	<u>(</u>
•		Name of Contact Pers	son
		DUM, FAC.	
•		Firm/ Company	
)	UZY VAPD	ECBILT DY.
		Address	
	C	DESSA FL.	33556 ode
•		City/ State and Zip Co	ode
	E-mail address: (to be u	M/CP:5PF O seed for future annual repo	VEC120V. PIT ort notification)
For further information	concerning this matter, plea	se call:	
GARY 1	9498	at (<u>Š)</u>	3) 598-4678 Code & Daytime Telephone Number
Name o	of Contact Person	Area (Code & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida De	epartment of State:
⊠ \$35 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)
	ing Address		et Address
Ame	ndment Section	Ame	ndment Section

Division of Corporations

2661 Executive Center Circle Tallahassee, Fl. 32301

Clifton Building

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Articles of Amendment to Articles of Incorporation



<u>Du</u>	M. IVC.
(Name of Corporation as cur	rently filed with the Florida Dept. of State)
P94 0000	ber of Corporation (if known)
(Document Num	ber of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes its Articles of Incorporation:	this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporatio	<u>n:</u>
NO CREDIT EX LEA name must be distinguishable and contain the word "corpo" "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc.," word "chartered," "professional association," or the abbrevia	The new praction, ""company," or "incorporated" or the abbreviation or "Co". A professional corporation name must contain the tion "P.A."
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ad Name of New Registered Agent	
(Flori	da street address)
New Registered Office Address:	, Florida
	(City) (Lip Code)
New Registered Agent's Signature, if changing Registered A I hereby accept the appointment as registered agent. I am fam.	gent: iliar with and accept the obligations of the position.
Signature of N	lew 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:

(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: XChange	<u>PT</u>	John Doc	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	Address
1) Change			
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

1f amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
•	
f an amendment provides for an exch	hange, reclassification, or cancellation of issued shares,
provisions for implementing the amer (if not applicable, indicate N/A)	endment if not contained in the amendment itself:
	•

The date of each amendment(s) adoption:date this document was signed.	Note Signed	, if other than the
Effective date <u>if applicable</u> :	11/04/2017 (no more than 90 days after amendment fil	'e date)
Note: If the date inserted in this block does no document's effective date on the Department of S	t meet the applicable statutory filing requir	
Adoption of Amendment(s) (CHF	ECK ONE)	
The amendment(s) was/were adopted by the sl by the shareholders was/were sufficient for ap		he amendment(s)
☐ The amendment(s) was/were approved by the must be separately provided for each voting §		
	dment(s) was/were sufficient for approval	
by	ng group)	
(voti)	ng group)	
The amendment(s) was/were adopted by the b action was not required.	oard of directors without shareholder action	and shareholder
☐ The amendment(s) was/were adopted by the ir action was not required.	ncorporators without shareholder action and	shareholder
Dated 11-04- 70	17	
Signature (By a director, president selected, by an incortappointed fiduciary by	lent or other officer – if directors or officers porator – if in the hands of a receiver, truste by that fiduciary)	have not been ee, or other court
<u> </u>	GARY G. CASPET Typed or printed name of person signing)	
	(Title of person signing)	