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DATE: 05/23/23

NAME: CASH-INN II, INC.

TYPE OF FILING: AMENDMENT

COST: 43.75

RETURN: CERTIFIED COPY PLEASE

ACCOUNT: **FCA000000015**

AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORA	TION: CASH-INN II, INC	C	
DOCUMENT NUMBE	R:	<u> </u>	
The enclosed Articles of	Amendment and fee are sub	mitted for filing.	
Please return all correspo	ondence concerning this mat	ter to the following:	
N	IICHAEL A. FISCHLER, E	SQUIRE	
_		Name of Contact Person	
FISCHLER, FRIEDMAN & BENNETT, P.A.			
_		Firm/ Company	
10	000 SOUTH ANDREWS A	• •	
		Address	
F	ORT LAUDERDALE, FLO	RIDA 33316	
	-	City/ State and Zip Code	
N	IICHAEL@FFPA-LAW.CC)M	
	_	ed for future annual report	notification)
For further information of MICHAEL A. FISCHL	concerning this matter, pleas	054	763-5778
	Contact Person	at (de & Daytime Telephone Number
	he following amount made p		•
\$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)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Ameno Divisio The C	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

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Articles of Amendment to Articles of Incorporation of

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	CASH-INN II, INC.	SECRETARY OF STATE
(Name of Cor	poration as currently filed with the Florid	
	P94000090924	
(Document Number of Corporation (if know	m)
Pursuant to the provisions of section 607.1006, its Articles of Incorporation:	Florida Statutes, this Florida Profit Corpor	ation adopts the following amendment(s) t
A. If amending name, enter the new name o	f the corporation:	
		The new
name must be distinguishable and contain the w "Inc.," or Co.," or the designation "Corp." "chartered," "professional association," or the	"Inc," or "Co". A professional corpora	orated" or the abbreviation "Corp.,"
B. <u>Enter new principal office address, if app</u> Principal office address <u>MUST BE A STREE</u>		
C. Enter new mailing address, if applicable		
(Mailing address MAY BE A POST OFFI	<u>CF. BOX</u>)	
		 _
D. If amending the registered agent and/or i	registered office address in Florida, enter	the name of the
new registered agent and/or the new regi		
Name of New Registered Agent		
-	(Florida street address)	
New Registered Office Address:		. Florida
THE WINDS MEDICAL OFFICE ALLEGATIONS.	(City)	(Lip Code)
New Registered Agent's Signature, if changi I hereby accept the appointment as registered a	ng Registered Agent:	ligations of the position
nereby accept the appointment as registered to	gem. Tumjumman min una decept me ooi	inguitions of the position.
	Signature of New Registered Agent, if cha	mging
	· · · · · · · · · · · · · · · · · · ·	

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> <u>Johr</u>	1 Doe	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
X Add	<u>SV</u> <u>Sall</u>	y Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	PSTD	Venturi, Lawrence William	3056 SOUTH S.R. 7
Add			MIRAMAR, FL 33023
Kemove	P,S,T,D	VENTURI, DEBORAH M.	2980 NE 19 STREET
2) Change Add			POMPANO BEACH, FL 33062
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

ach additional sheets, if necessary).	ticles, enter change(s) here: (Be specific)	
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an amandment provides for an excl	hange, reclassification, or cancellation of issued shares,	
in amendment brosides for an exci	endment if not contained in the amendment itself:	
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The date of each amendment(s) adoption:date this document was signed.	, if other than the
Effective dute if applicable:	
(no more than 90 days af	er amendment file date)
Note: If the date inserted in this block does not meet the applicable stat document's effective date on the Department of State's records.	utory filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of action was not required.	directors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders. The number by the shareholders was/were sufficient for approval.	of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voti must be separately provided for each voting group entitled to vote separate.	ng groups. The following statement trately on the amendment(s):
"The number of votes cast for the amendment(s) was/were suffici	ent for approval
by	
(voting group)	
Signature Discovered Wiles	
Signature Disorchal Vie	the m
(By a director, president or other officer – if di selected, by an incorporator – if in the hands of appointed fiduciary by that fiduciary)	rectors or officers have not been
DEBORAH M. VENTURI	
(Typed or printed name of	person signing)
PRESIDENT	
(Title of person signing)	