P94000091458

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



500419126895

11/17/23--01019--013 **35.00

December 6, 2023

PATRICK M FRANKLIN 1031 IVES DAIRY RD SUITE 228 MIAMI, FL 33179

SUBJECT: FRANKLIN INVESTIGATIONS, INC.

Ref. Number: P94000091458

We have received your document for FRANKLIN INVESTIGATIONS, INC. and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please ensure that you check one of the adoption of amendment boxes.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Morgan E Lovett Regulatory Specialist II Letter Number: 023A00027823

COVER LETTER

TO: Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

| NAME OF CORPO | RATION: Franklin Investigat | tions, Inc. | | |
|---|---|---|---|---|
| DOCUMENT NUM | P94000091458 | | | |
| The enclosed Articles | of Amendment and fee are su | bmitted for filing. | | |
| Please return all corre | spondence concerning this ma | tter to the following: | | |
| | Patrick M. Franklin | | | |
| | | Name of Contact Persor | n | |
| | Franklin Investigations, Inc. | | | |
| | | Firm/ Company | | |
| | 1031 Ives Dairy Rd., Suite 22 | 28 | | |
| | | Address | | |
| | Miami, FL 33179 | | | |
| | | City/ State and Zip Code | c | |
| | franklininvestigations@como | east.net | | |
| | E-mail address: (to be us | ed for future annual report | notification) | • |
| For further information | on concerning this matter, pleas | se call: | | r |
| Patrick M. Franklin | | 305 at (| 318-8856 | - |
| Name of Contact Person Area Code & Daytime Telephone Numb | | de & Daytime Telephone Number | Œ | |
| Enclosed is a check for | or the following amount made | payable to the Florida Depa | artment 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) | |
| Ame | iling Address endment Section ision of Corporations | Amend | Address Iment Section on of Corporations | |

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

Articles of Amendment to Articles of Incorporation of

| (Name P94000091458 | of Corporation as currently filed with the Florida Dept. of State) | - " |
|---|--|----------------------------------|
| | (Document Number of Corporation (if known) | |
| Pursuant to the provisions of section 607 its Articles of Incorporation: | 7.1006, Florida Statutes, this Florida Profit Corporation adopts the follow | ring amendment(s) to |
| A. If amending name, enter the new n | name of the corporation: | |
| name must be distinguishable and contain "Inc.," or Co.," or the designation "(chartered," "professional association, | n the word "corporation," "company," or "incorporated" or the abbrevia Corp," "Inc," or "Co". A professional corporation name must cont " or the abbreviation "P.A." | The new tion "Corp" ain the word |
| B. Enter new principal office address, (Principal office address MUST BE A S | if applicable: STREET ADDRESS) | |
| C. Enter new mailing address, if appl (Mailing address MAY BE A POST | licable: OFFICE BOX) | |
| D. If amending the registered agent an new registered agent and/or the new | nd/or registered office address in Florida, enter the name of the wregistered office address: | ž |
| Name of New Registered Agent | Susana Franklin | |
| | 1031 Ives Dairy Rd., Suite 228 | - 0 |
| | (Florida street address) | 70- |
| New Registered Office Address: | Miami, Florida 33179 | |
| | (City) (Zip | Code) |
| New Registered Agent's Signature, if cl | hanging Registered Agent: The derivative of New Registered Agent, if changing | |

Check if applicable

Franklin Investigations, Inc.

☐ 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)

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 <u>PT</u> John Doe X Remove <u>v</u> Mike Jones X Add SV Sally Smith Type of Action <u>Title</u> Name <u>Address</u> (Check One) 1) ____ Change ____ Add ___ Remove 2) ____ Change ____ Add Remove 3) Change ___ Add ____ Remove 4) ____ Change ___ Add ___ Remove 5) ____ Change ____ Add ____ Remove 6) ____ Change __ Add

| If amending or adding additional Arti- Attach additional sheets, if necessary). | (Be specific) | <u> </u> | | | |
|--|-----------------------|--------------------------------|--|---------------------|---------------------------------------|
| | | | | | |
| | | | | <u> </u> | |
| | | | | | |
| | | | | | |
| | | : | ,- | · | |
| | | | _ | | |
| | | | <u></u> | | |
| | | | | | |
| | | | | | _ |
| | | | | | |
| | | | | | |
| | | | | | |
| | _ | | - | | |
| <u> </u> | | | | | |
| | | | | | |
| | | | · | | |
| | | · | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | . <u> </u> | · · · · · · · · · · · · · · · · · · · |
| | | | | | • |
| for amendment and the form | | | | | |
| f an amendment provides for an exchaprovisions for implementing the amen | ange, reclassificated | non, or cance tained in the | <u>llation of issu</u> amendment it | ed shares, self: | |
| (if not applicable, indicate N/A) | | | | | |
| | | | | | |
| - | | | | | |
| | | | | · | |
| | | | | | |
| | | | | | |
| | | | _ | <u> </u> | |
| | | | | | |
| | | | · - | | |
| | | | · - | | |

| The date of each amendment(s) adoption date this document was signed. | n: | , if other than the |
|--|---|--|
| Effective date <u>if applicable</u> : | | |
| | (no more than 90 days after amendment f | île date) |
| Note: If the date inserted in this block of document's effective date on the Department. | loes not meet the applicable statutory filing requent of State's records. | nirements, this date will not be listed as the |
| Adoption of Amendment(s) | (CHECK ONE) | |
| The amendment(s) was/were adopted to action was not required. | by the incorporators, or board of directors withou | t shareholder action and shareholder |
| ☐ The amendment(s) was/were adopted by the shareholders was/were sufficient | by the shareholders. The number of votes east for approval. | the amendment(s) |
| ☐ The amendment(s) was/were approved must be separately provided for each | by the shareholders through voting groups. The voting group entitled to vote separately on the an | following statement vendment(s): |
| "The number of votes cast for the | e amendment(s) was/were sufficient for approval | |
| by | | , |
| | (voting group) | |
| November 13, 20 Dated Signature | 23 H M . | ; ; |
| (By a director selected, by a | , president or other officer – if directors or officen n incorporator – if in the hands of a receiver, trus uciary by that fiduciary) | rs have not been tec, or other court |
| Patrio | k M. Franklin | 2 |
| | (Typed or printed name of person signing) | <u> </u> |
| Direc | tor | |

(Title of person signing)