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(Re	equestor's Name)	
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COVER LETTER

TO: Amendment Section			•	
Division of Corpora		\bigcirc	D + . F/ 1/ -	
NAME OF CORPORA	TION: POTEA	LTY GROUP	- CENTRAL FLORICA, INC	
DOCUMENT NUMBE	PASANN	069072		
The enclosed Articles of	Amendment and fee are sub	mitted for filing.		
Please return all correspondent	ondence concerning this mat	ter to the following:		
	1. K.E.	dwards		
_	PROPERL	Name of Contact Person	p-CENTRAL FloridA, I	v
_	15595	Firm/ Company SE EOH	AUE,	
_	Summer	OFIELD FI	1. 34491	
_		City/ State and Zip Code	:	
	PNNIEQ	LKEDWAR	ds3.com	
-	E-mail address: (to be us	ed for future annual report	notification)	
For further information	concerning this matter, pleas	e call:		
LONNIE Name of	Contact Person	352 Area Coo	262-4834 de & Daytime Telephone Number	
	the following amount made [payable to the Florida Depa	artment of State:	
S35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Maili	ng Address	Street	Address	

Amendment Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

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

POR POLITY GROV	UB-CEN	TRAL FLO	ORICA, I	٧d - ا
(Name of Corp.	oration as currently	filed with the Florida L	Dept. of State)	
P95000690	_ 772			
(E	Document Number of (Corporation (if known)		
Pursuant to the provisions of section 607.1006, Fits Articles of Incorporation:			on adopts the following	ng amendment(s) to
A. If amending name, enter the new name of	the corporation:			
* . / of			<u></u>	_The new
name must be distinguishable and contain the wo "Inc.," or Co.," or the designation "Corp," "chartered," "professional association," or the	IRC, OI CO , A	mpany," or "incorpora professional corporati	ted" or the abbreviati on name must conta	in the word
B. Enter new principal office address, if appl (Principal office address MUST BE A STREE	<u>licable:</u> TADDRESS)			
N/A				
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFFICE)	<u>:</u> <u>CE BOX</u>)			·
NA				
D. If amending the registered agent and/or new registered agent and/or the new regi	registered office addi istered office address	ress in Florida, enter tl :	he name of the	
Name of New Registered Agent				
~ (1)				
\mathcal{N}/\mathcal{H} —	(Florida str	reet address)		
New Registered Office Address:			Florida	ip Code)
Men registered Office ridures.		(City)	3)	<i>ф Сош</i>
New Registered Agent's Signature, if chang I hereby accept the appointment as registered	ing Registered Agen agent. I am familiar	t: with and accept the obl	igations of the positio	nı.
N/A_	Signature of New	Registered Agent, if cha	enging	
Check if applicable	/AT A120 /11) (,) E C		

Check it applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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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	Y	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	\angle	L.K. EdWARDS TU	15595 SE 80th AU
X Add			SummERFIELD,
Remove			F1. 34491
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			·
Remove			
6) Change			
Add			
Remove			

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E. If amending or adding additional Artic (Attach additional sheets, if necessary).	tles, enter change(s) here: (Be specific)
n(l)	
	· · · · · · · · · · · · · · · · · · ·
<u></u>	
-	
F. If an amendment provides for an exch provisions for implementing the ame	ange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
<u> </u>	
<u> </u>	

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The date of each amendment(s) adoption: SUNE 5, 2020 if other than the
date this document was signed.
Effective date if applicable: $\sqrt{une 3}, 2020$
(no more than 90 days after amendment file date)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
Adoption of Amendment(s) (CHECK ONE)
☐ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):
"The number of votes cast for the amendment(s) was/were sufficient for approval
by·"
(voting group)
V Dated 6-19-20
Signature Anala O Brown
(By a director, president or other officer – if directors or officers have not been
selected, by an incorporator - if in the hands of a receiver, trustee, or other court
appointed fiduciary by that fiduciary)
RONALD D. BROWN
(Typed or printed name of person signing)
PRESIDENT AND REGISTERED HIGENT
(Title of person signing)

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