P96000071019

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: NORTH DALE MABRY INESTMEN	MS INC.			
DOCUMENT NUMBER: P9600071019				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Jilian Piper Palori Name of Contact Person PJ's Management Firm/Company 4145 Henderson Blvd Address Tampa, FL 33629 City/State and Zip Code	1 0000			
jillianpiper0502@gmail.com				
E-mail address: (to be used for future annual report notifica	tion)			
For further information concerning this matter, please call:				
Jillian Piper Palori at (270) 7 Name of Contact Person Area Code & Da	91-5408 Lytime Telephone Number			
Enclosed is a check for the following amount made payable to the Florida Department	of State:			
Certificate of Status Certified Copy Cer (Additional copy is Cer enclosed) (Ad	2.50 Filing Fee tificate of Status tified Copy Iditional Copy enclosed)			
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CoP.O. Box 6327The Centre ofTallahassee, FL 323142415 N. MonTallahassee, FlTallahassee, Fl	ection rporations Tallahassee roe Street, Suite 810			

Articles of Amendment to Articles of Incorporation of

NORTH DALE MABRY TNUE	of IVIEN 15 11VC filed with the Florida Dept. of State	
P96000710		,
<u> </u>	Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this F its Articles of Incorporation:	Florida Profit Corporation adopts the f	ollowing amendment(s) to
A. If amending name, enter the new name of the corporation:		The new
name must be distinguishable and contain the word "corporation," "co". Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."		previation "Corp.,"
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	NIA	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NIA	
D. If amending the registered agent and/or registered office address: Name of New Registered Agent Pete Anthor		PH 2: 28
	n Blvd Tampa FL	33629
New Registered Office Address: NJA	(City), Florida_	NIA (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w Signature of New Re	vith and accept the obligations of the po L egistered Agent, if changing	osition.
Charte and inches		

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)

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.

d

X Change	PT	John Doe	
X Remove	$\underline{\mathbf{v}}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	D	Pete A Palori Jr	4145 Henderson Blv
Add			Tampa, FL 33629
Remove 2) Change	DP	Pete Anthony Palori III	4145 Henderson Blva
Add			Tampa, FL 33629
Remove Change	T	Jillian Piper Palori	पापर Henderson Blud
X Add			Tampa, FL 33629
Remove			
4) Change			
Add		•	
Remove			
5) Change			
Add			
Remove			
6) Change		_	
Add			
Remove			

	(Be specific)
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If an amendment provider for an evol	hange reclassification or cancellation of issued shows
provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
If an amendment provides for an excl provisions for implementing the ame (if not applicable, indicate N/A)	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
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provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:

The date of each amendment(s) ad	option: 8 19 120 2 1	, if other than th
late this document was signed.		
Effective date if applicable:	(no more than 90 days after amendment file date)	
	(no more man 20 days after amenament file date)	
Note: If the date inserted in this blocument's effective date on the De	ock does not meet the applicable statutory filing requirements, the partment of State's records.	his date will not be listed as th
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ado action was not required.	pted by the incorporators, or board of directors without shareholde	er action and shareholder
The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes east for the amend fficient for approval.	ment(s)
☐ The amendment(s) was/were app must be separately provided for	roved by the shareholders through voting groups. The following s each voting group entitled to vote separately on the amendment(s)	latement :
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
selected	rector, president or other officer – if directors or officers have not l, by an incorporator – if in the hands of a receiver, trustee, or other ed fiduciary by that fiduciary)	
	Pete A Palori III	
	(Typed or printed name of person signing)	
	DP	
	(Title of person signing)	