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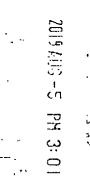
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R. WHITE AUG 0 9 2019

## **COVER LETTER**

Division of Corporations DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Name of Contact Person E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Name of Contact Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: \$43.75 Filing Fee & Certificate of Status ☐ \$35 Filing Fee **□\$**43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed)

### Mailing Address

TO: Amendment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

### Street Address

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

# **Articles of Amendment**

# 1 m

Artic	eles of Incorporation		
		2018 1110 E DV 1	2. O I
	of	2019 ALG -5 PH C	3. U I
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(Name of Corporation as	currently filed with the Flo	orida Dept. of State)	-!
P 97000	05482		
(Document N	Number of Corporation (if kn	own)	
rsuant to the provisions of section 607,1006, Florida Stat Articles of Incorporation:	utes, this Florida Profit Corp	poration adopts the following am-	endment
If amending name, enter the new name of the corpor	ation:		
me must be distinguishable and contain the word "co			new'
Corp., ""Inc., " or Co., " or the designation "Corp," "In ord "chartered," "professional association," or the abbro Enter new principal office address, if applicable:	eviation "P.A."	ai corporation name musi conta	
rincipal office address <u>MUST BE A STREET ADDRES</u>	<u>(S</u> )		
	<del></del>	<u> </u>	
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Enter new mailing address, if applicable:			
(Mailing address <u>MAY BE A POST OFFICE BOX</u> )			
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		er the name of the	
If amending the registered agent and/or registered of	e address:		
If amending the registered agent and/or registered of new registered agent and/or the new registered office			
new registered agent and/or the new registered office			
Name of New Registered Agent			
Name of New Registered Agent	Florida street address)		
Name of New Registered Agent		Eliprida	
Name of New Registered Agent		, Florida	

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 I	<del>Doc</del>	
X Remove	<u>V</u> <u>Mike</u>	<u>Jones</u>	
X Add	<u>SV</u> <u>Sally</u>	<u>Şmith</u>	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	<u>P</u> _	Clayton Brek	109 GLSt. South
Add		O	naples, 7134109
Remove  2) Change	P	Renee L. Brock	500 Northnoham D
Add Remove			100/10/10
3 ) Change			
Add Remove			
4) Change			<del></del>
Add Remove			
5) Change			<del></del>
Add			
6) Change			
Add			
Remove			

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, urayisions for implementing the amendment if not contained in the amendment itself:  (If not applicable, indicate NIA)	E. If amending or adding additional Articles, enter change(s) here:
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N/A)	(Attach additional sheets, if necessary). (Be specific)
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A/A	provisions for implementing the amendment if not contained in the amendment itself:
	(if not applicable, indicate N/A)
	1) / + -
	<del></del>

The date of each amendment(s) adoption:	, if other than the
Effective date if applicable:	
(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 wildocument's effective date on the Department of State's records.	I not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
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 east for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated8-2-19	
Signature	
(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)	
Clayton Brock	
(Typed or printed name of person signing)	
Parsident	
(Title of person signing)	