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(Requ	iestor's Name)	
(Addr	ess)	
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(City/	State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Docu	ıment Number)	
ertified Copies	Certificates	s of Status
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AUG 0 8 2017 S. YOUNG



COVER LETTER

TO: Amendment Section

Division of Corporations

Amendment Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

NAME OF CORPOR	RATION:	astal En	Nose and Thoat
DOCUMENT NUME		97000063	
The enclosed Articles	of Amendment and fee are s	ubmitted for filing.	
Please return all corres	pondence concerning this ma	atter to the following:	
	L, '&	ja Dionn	و
		Name of Contact Perso	on .
	Cousta	(Ew Nos	e and Twoat
		Firm/ Company	
_	1050 W	· Cravada Address	Suite 4
		Address	
_	_ Ormond	Deudi Fi City/ State and Zip Cod	1- 321>4
		City/ State and Zip Cod	de
	E-mail address: (to be us	+ CCF1, No.	notification)
or further information	concerning this matter, pleas	se call:	
LiSa D	Contact Person		de & Daytime Telephone Number
included in a shoot for	All Fallence		,
_	the following amount made p	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)
<u>Maili</u>	ng Address	Street	<u>Address</u>

Amendment Section

Tallahassee, FL 32301

Clifton Building

Division of Corporations

2661 Executive Center Circle

Articles of Amendment

to

Articles of Incorporation

of

Dastal Eas Dastal Eas	Nose and I ion as exercitly filed with the Flo	rida Dept. of State)	
(Docur	ment Number of Corporation (if kno	own)	
Pursuant to the provisions of section 607.1006, Florid ts Articles of Incorporation:		•	ving amendment(s) to
A. If amending name, enter the new name of the co	orporation:		
name must be distinguishable and contain the wor "Corp.," "Inc.," or Co.," or the designation "Corp word "chartered," "professional association," or the	o," "Inc," or "Co". A professione	"incorporated" or the al corporation name mu	The new abbreviation st contain the
3. Enter new principal office address, if applicable Principal office address <u>MUST BE A STREET ADL</u>			
			=======================================
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u></u>		6
			9
. If amending the registered agent and/or register new registered agent and/or the new registered	red office address in Florida, ente office address:	r the name of the	<u> </u>
Name of New Registered Agent			
	(Florida street address)		_
New Registered Office Address:	(City)	, Florida	
	(Слу)	(Zi _l	o Code)
ew Registered Agent's Signature, if changing Regindereby accept the appointment as registered agent.	istered Agent: I am familiar with and accept the oi	bligations of the position	
Signa	tture of New Registered Agent, if ch	anginy	

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> <u>John l</u>	<u>Doc</u>	
X Remove	<u>V</u> <u>Mike</u>	<u>Jones</u>	
_X Add	SV Sally	<u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	Sagerest in Alms	Peprin C.C/WK	1050 W. Granada Srite 4.
Remove			OB R1. 3217,
2) Change			
Add			
Remove			
3)Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change	<u></u>		
Add			
Remove			
Change			
Add			
Remove			
		Page 2 at 4	

(AI	amending or adding additional Articles, enter change(s) here: ttach additional sheets, if necessary). (Be specific)	
_		_
		_
		_
		_
. .		
pr	an amendment provides for an exchange, reclassification, or cancellation of issued shares, rovisions for implementing the amendment if not contained in the amendment itself:	
	(if not applicable, indicate N/A)	
		_
_		
_		_
-		
_		
_		_

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable: 5/2/17	
(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 w document's effective date on the Department of State's records.	ill 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.	
Dated 7/27/17	
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)	
Michael Munies	7/2/17
(Typed or printed name of person signing)	· /

(Title of person signing)