P98 000 096 815

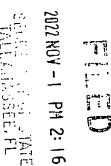
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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Special Instructions to Filing Officer:

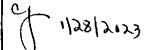
Office Use Only



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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: BILLY DUNN, IN	łC.			
DOCUMENT NUM	D0.0000004.01.5				
The enclosed Articles	of Amendment and fee are su	ibmitted for filing.			
Please return all corre	spondence concerning this ma	tter to the following:			
	DAVID H, TATE				
		Name of Contact Perso	n		
	BILLY DUNN, INC.				
		Firm/ Company			
	6974 NW 50TH ST.	Tim company			
	Address				
	MIAMI, FL 33166				
		City/ State and Zip Cod	e		
maria	a@davidtate.com				
	•	sed for future annual report	notification)		
For further informatio	n concerning this matter, pleas		215-6461		
Name	of Contact Person	Area Co	215-6461 ode & Daytime Telephone Number		
Enclosed is a check fo	r the following amount made				
S35 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)		
Mailing Address Amendment Section Division of Corporations P.O. Box 6327		Amenc Divisio Clifton	Address Iment Section on of Corporations Building		
Tall	ahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301			

Articles of Amendment to Articles of Incorporation of

FILED

2022 NOV -1 PM 2:16

Articles of Incorpora of BILLY DUNN, INC.

9800096815	as currently filed with the Florida Dept. of State TALLAHASSEE, FL
(Documen	t Number of Corporation (if known)
ursuant to the provisions of section 607,1006, Florida St s Articles of Incorporation:	tatutes, this Florida Profit Corporation adopts the following amendment(s) to
. If amending name, enter the new name of the corpo	oration:
	The new
	"corporation," "company," or "incorporated" or the abbreviation "Inc," or "Co". A professional corporation name must contain the breviation "P.A."
Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDRI</u>	ESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
. If amending the registered agent and/or registered new registered agent and/or the new registered off	
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
ew Registered Agent's Signature, if changing Registe	ered Agent:
erchy accept the appointment as registered agent. I ar	m familiar with and accept the obligations of the position.

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	<u>n Doe</u>			
X Remove	<u>V</u> <u>Mik</u>	e Jones			
<u>X</u> Add	<u>SV</u> <u>Sally</u>	Sally Smith			
Type of Action (Check One)	Title	Name	<u>Addres</u> s		
1) Change	O. MGR	KATHRYN M. HARKER	11370 NW 45TH PLACE		
X Add			SUNRISE, FL 33323		
Remove					
2) Change					
Add					
Remove					
3) Change					
Add					
Remove					
4) Change					
Add					
Remove					
5) Change					
Add					
Remove					
6) Change					
Add					
Remove					

Attach additional sheets, if necessary).	cles, enter change(s) (Be specific)			
				
<u></u>				
				
f an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	ange, reclassification adment if not contai	n, or cancellation ned in the amend	of issued shares, ment itself:	
				71-1-

	10/20/2022	
The date of each amendment		, if other than the
date this document was signed.		
Effective date if applicable:	10/20/2022	
mappicane.	(no more than 90 days after amendment file date)	
	his block does not meet the applicable statutory filing requirements, this date was Department of State's records.	ill not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/wer by the shareholders was/we	e adopted by the shareholders. The number of votes east for the amendment(s) re sufficient for approval.	
	e approved by the shareholders through voting groups. The following statement d 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)	
☐ The amendment(s) was/were action was not required.	e adopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were action was not required.	e adopted by the incorporators without shareholder action and shareholder	
Dated Signature	2022 Va-director, president or other officer - if directors or officers have not been	
se	lected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)	
	DAVID H. TATE	
	(Typed or printed name of person signing)	
	PRESIDENT	

(Title of person signing)