P9900000 8152

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: METRO PSI, COR	.P.		
DOCUMENT NUM	D00000008153			
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corre	spondence concerning this ma	tter to the following:		
	MICHELLE SEIDL			
		Name of Contact Persor	1	
	METRO PSI			
		Firm/ Company		
	922 SE 14TH PL			
	Address			
	CAPE CORAL, FL 33990			
		City/ State and Zip Code	2	
	MICHELLES@METROPSI.	COM		
	E-mail address: (to be us	sed for future annual report	notification)	
For further information	n concerning this matter, pleas	se call:		
MICHELLE SEIDL		at (²³⁹	573-9700	
Name	of Contact Person		de & Daytime Telephone Number	
Enclosed is a check for	r the following amount made	payable to the Florida Depa	artment of State:	
■ \$35 Filing Fee	S43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Am Div P.O	ching Address endment Section ision of Corporations Box 6327 ahassee, FL 32314	Amend Divisio The Co 2415 N	Address ment Section n of Corporations entre of Tallahassee V. Monroe Street, Suite 810 ssee, FL 32303	

Articles of Amendment to Articles of Incorporation

of

METRO PSI, CORP.	
(Name of Corporation as currently	filed with the Florida Dept. of State)
P9900008152	
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, this F its Articles of Incorporation:	Ilorida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation," "ca "Inc.," or Co.," or the designation "Corp," "Inc," or "Co", A "chartered," "professional association," or the abbreviation "P.A."	ompany," or "incorporated" or the abbreviation "Corp.,"
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	ess in Florida, enter the name of the
Name of New Registered Agent	
(Florida stre	et address)
New Registered Office Address:	. Florida
	City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: Thereby accept the appointment as registered agent.—I am familiar w	ith and accept the obligations of the position.
Signature of New Re	gistered Agent, if changing
Check if applicable	

 \square 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.

Example: X Change	<u>PT</u>	John Doc			
X Remove	<u>V</u>	Mike Jones			
X Add	<u>sv</u>	Sally Smith			
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s		
1) Change	VP	WERMERSKIRSHEN, DAVID, SR.	12370 EAGLES NEST DR		
Add			BOKEELIA, FL 33922		
x Remove					
2) Change					
Add					
Remove 3) Change					
Add					
Remove					
4) Change					
Add					
Remove					
5) Change					
Add					
Remove					
6) Change					
Add					
Remove					

	<mark>z additional Article</mark> ts, if necessary). ((Be specific)			
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		and the state of t		¢:	
f an amendment proy provisions for implen	nenting the amend	nge, reciassificatio Iment if not contai	n, or cancenation ned in the amend	lment itself:	
(if not applicable,	indicate N/A)				
					<u>-</u>

The date of each amendment(s) adoption date this document was signed.	JULY 151H, 2021 :	_, if other than the
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block do document's effective date on the Departme	bes not meet the applicable statutory filing requirements, this date will not of State's records.	not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were adopted by action was not required.	the incorporators, or board of directors without shareholder action and s	hareholder
■ The amendment(s) was/were adopted by by the shareholders was/were sufficient	y the shareholders. The number of votes cast for the amendment(s) for approval.	
☐ The amendment(s) was/were approved be must be separately provided for each verified.	by the shareholders through voting groups. The following statement of the 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)	
selected, by an appointed fidu	president oxother officer – if directors or officers have not been rincorporator – if in the hands of a receiver, trustee, or other court ciary by that fiduciary). SEIDL (Typed or printed name of person signing)	_
Marce		
PRESI	DENI	

(Title of person signing)