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## **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPO	ORATION: FLAMINGO INVI	ESTMENTS, I	NC.		
DOCUMENT NUM	P99000010553			<del></del>	
The enclosed Article	es of Amendment and fee are su	bmitted for fil	ing.		
Please return all cor	respondence concerning this ma	tter to the follo	owing:		
	Thomas J. Dobbins, Esquire				
		Name of C	ontact Persor	1	
	Trow & Dobbins, P.A.				
	Firm/ Company				
	1301 NE 14th Street				
	Address				
	Ocala, FL 34470				
		City/ State	and Zip Code	2	
	eservice@ocalalawfirm.com				
	E-mail address: (to be us	sed for future a	innual report	notification)	
For further informat	ion concerning this matter, plea	se call:			
Thomas J. Dobbins		at :	352	369-8830	
Nam		Area Co	de & Daytime Telephone Number		
Enclosed is a check	for the following amount made	payable to the	Florida Depa	artment of State:	
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Fi Certified (Additional enclosed)	Copy I copy is	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810		lment Section on of Corporations entre of Tallahassee	

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

FLAMINGO INVESTMENTS INC.

(Name of Corporation as current)	y filed with the Florida Dept. of State)
P99000010553	
(Document Number o	f Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must he distinguishable and contain the word "corporation," "c "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". 2 "chartered," "professional association," or the abbreviation "P.A."	1 professional corporation name must contain the word
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
(Trincipal office address MOST BLASTREET MODRESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
	· · · · · · · · · · · · · · · · · · ·
D. If a manufic a the manifest and a second	
D. If amending the registered agent and/or registered office addinew registered agent and/or the new registered office address	· · · · · · · · · · · · · · · · · · ·
Solveia Frings	to and the second of the secon
Name of New Registered Agent	
10783 NW 28th Place	
(Florida str	vet address)
New Registered Office Address: Ocala	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar y	
Thereby accept the appointment as registered agent. I am juntual y	Lan and accept the omigations of the position.
/ /	/ /
1 % K	140/
Signature of New R	egistered Agent, if changing
Check if applicable	U
☐ 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)

Example:

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.

X Change	<u>PT</u>	John Doe	
X Remove	Y	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	PD	Christian Frings	10555 NW 28th Place
Add X Remove			Ocala, FL 34482
Z) Change	PSD	Solveig Frings	10783 NW 28th Place
Add			Ocala, FL 34482
Remove 3) Change			
Add			
Remove			
4) Change		_	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change		_	
Add			
Remove			

/	dditional Artic if necessary).	(Be specific)				
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				<u>.                                      </u>		
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<u>lf an amendment provid</u>	les for an exch	ange, reclassifi	cation, or cance	llation of issued s	hares,	
provisions for implement	nting the amer	idment if not c	ontained in the	<u>amendment itself</u>	<u>:</u>	
(if not applicable, in	aicaie (VA)					

• •

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The date of each amendment(s) a	doption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
<b>Note:</b> If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements epartment of State's records.	s, this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were ad action was not required.	opted by the incorporators, or board of directors without shareho	lder action and shareholder
The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes east for the ame officient for approval.	endment(s)
	proved by the shareholders through voting groups. The following each voting group entitled to vote separately on the amendment	
"The number of votes cas	for the amendment(s) was/were sufficient for approval	
by	;"	
	(voting group)	
Dated	1- 15- 2021 Alicas	
selecte	irector, president or other officer—it directors or officers have r d, by an incorporator—it in the hands of a receiver, trustee, or o ted fiduciary by that fiduciary)	
	Solveig Frings Volves Fri	ngs
	(Typed or printed name of person signing)	I
	President/Secretary/Director PHH ale	<i>L</i>
	(Title of person signing)	