P99000017411

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2023 MAR 31 AN 7: 17 SECRETARY OF STATE TALLAHALSEE, FL

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COVER LETTER

TO: Amendment Section Division of Corporations

	DRATION: ACLISA 6		MILENGUE, INC.		
DOCUMENT NUN	iber: <u> \$790000</u>	174//			
The enclosed Article	s of Amendment and fee are su	bmitted for filing.			
Please return all corr	espondence concerning this ma	tter to the following:			
	Rubbut W.	ALK M. Name of Contact Person	 1		
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	LOXANACHEC, T	-). 33470 City/ State and Zip Code	, N		_
	ACREAGE SE E-mail address: (to be us	OREUSALTH.	notification)	CRETARY OF STATE	2823 MAIN 31 AM I I I
For further informati	on concerning this matter, pleas	se call:			
Rap OLT Name	WALKIL. of Contact Person	at (at Co	de & Daytime Telephone Num	 ber	
Enclosed is a check	for the following amount made	payable to the Florida Depa	artment of State:		
S35 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)		
Ar Di P.o	nendment Section vision of Corporations D. Box 6327 Ilahassee, FL 32314	Ameno Divisio The C 2415 1	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303		

Articles of Amendment to Articles of Incorporation

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ACRAIL MCRUE SMILL & NO.	11.0 24.0	
(Name of Corporation as current	tly filed with the Florida Dept. of Sta	<u>ite)</u>
P97000017411 (Document Number of		
(Document Number of	of Corporation (if known)	
Pursuant to the provisions of section 607,1006, Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corporation adopts th	e following amendment(s) to
A. If amending name, enter the new name of the corporation:		
		The new
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc.," or "Co". "chartered," "professional association," or the abbreviation "P.A.	A professional corporation name m	abbreviation "Corp.," ust contain the word
B. Enter new principal office address, if applicable:	MA	202 SE
(Principal office address MUST BE A STREET ADDRESS)	M/A -15/4	TACR 34
	1374	CRITTAL
		<u> </u>
and the state of an inches		SSE A
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NA	m.
	•	무실 그
		ni
D. If amending the registered agent and/or registered office ad	ldress in Florida, enter the name of t	<u>he</u>
new registered agent and/or the new registered office addre		
Name of New Registered Agent 4-11		
(Florida :	street address)	
New Registered Office Address:	, Flori	da
Sea acguarda Office marco.	(City)	(Zip Code)
	1	
New Registered Agent's Signature, if changing Registered Age I hereby accept the appointment as registered agent. I am familia	e <mark>nt:</mark> or with and accept the obligations of th	e position.
Signature of New	Registered Agent, if changing	
Ç ,		
Check if applicable		

☐ 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.

wike Jones, v as Kemove	r, ana sai	ty Smith, Sv us an Add.	
Example: X Change	<u>PT</u>	John Doc	
X Remove	\underline{V}	Mike Jones	
X Add	<u>sv</u>	Sally Smith	ı
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	T	JENNIFOR LEGS WALKER	LOXALICHER PERSON
AddRemove			<u> </u>
2) Change			- <u> </u>
Add			<u>ni</u>
Remove 3) Change			
Add			· · · · · · · · · · · · · · · · · · ·
Remove			
4) Change			
Add			<u> </u>
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

The date of each amendment(s) adoption:	, if other than the
Effective date if applicable: 3/28/23 (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 wi document's effective date on the Department of State's records.	Il not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action an action was not required.	d shareholder
☐ 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 cast for the amendment(s) was/were sufficient for approval	
by" (voting group)	2023 SEC
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	FILED 2023 HAR 31 AM 7: 17 SECRETARY OF STATI TALLAHASSEE FL
appointed fiduciary by that fiduciary) Robbet WAWA (Typed or printed name of person signing)	
(Title of person signing)	