## P9900069044

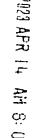
| (Requestor's Name)                      |
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| (Address)                               |
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|   |
| (City/State/Zip/Phone #)                |
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| PICK-UP WAIT MAIL                       |
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| (Business Entity Name)                  |
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| (Document Number)                       |
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| Special Instructions to Filing Officer: |
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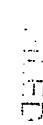
Office Use Only



400406549034

RECRETATO OF STATE





## Articles of Amendment to Articles of Incorporation of

| (Name o   | f Corporation as currently                                | filed with the Florida De                           | ept. of State)                                      |                   |
|---|---|---|---|-------------------|
| 99000069044   |   |   |   |                   |
|   | (Document Number of C                                     | Corporation (if known)                              |   |                   |
| ursuant to the provisions of section 607.1 s Articles of Incorporation:   | 006, Florida Statutes, this Fl                            | orida Profit Corporation                            | adopts the following ame                            | ndment(s) to      |
| . If amending name, enter the new na  | me of the corporation:                                    |   |   |                   |
|   |   |   | The   | new               |
| ame must be distinguishable and contain<br>Inc.," or Co.," or the designation "C<br>chartered," "professional association," | orp," "Inc," or "Co". A                                   | mpany," or "incorporate<br>professional corporation | f" or the abbreviation "Co<br>name must contain the | orp.,"<br>word    |
| . Enter new principal office address, i<br>Principal office address <u>MUST BE A ST</u>                                     | f applicable:<br>TREET ADDRESS )                          |   |   | <u> </u>          |
| Enter new mailing address, if applia (Mailing address MAY BE A POST (   | <u>OFFICE BOX</u> )<br>d/or registered office addre       | ss in Florida, enter the r                          | name of the   | <br>J.3S          |
| new registered agent and/or the nev   | v registered office address:                              |   |   |                   |
| Name of New Registered Agent  |   |   |   | ATI               |
|   | ,   | ·   |   | 喜習                |
| New Registered Office Address:  | (Florida stree<br>8010 Highway 441, Leesbur               |   | , Florida   | SECRETART OF STAT |
|   | (0  | City)   | , Florida   | L-L               |
| New Registered Agent's Signature, if chereby accept the appointment as regist   | hanging Registered Agent:<br>ered agent. I am familiar wi | ith and accept the obligat                          | ons of the position.                                |                   |

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 tule, 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                      | V            | Mike Jones  |                     |
| _X Add                        | <u>sv</u>    | Sally Smith |                     |
| Type of Action<br>(Check One) | <u>Title</u> | <u>Name</u> | <u>Addres</u> s     |
| 1) Change                     |              | _           |                     |
| Add                           |              |             |                     |
| Remove                        |              |             |                     |
| 2) Change                     |              |             |                     |
|                               |              |             |                     |
| Remove Change                 |              |             | SEC                 |
| Add                           |              |             | TALL                |
| Remove                        |              |             | SECRETARY OF ST     |
| 4) Change                     |              |             | $\langle n \rangle$ |
| Add                           |              |             | SEE, FL             |
| Remove                        |              |             |                     |
| 5) Change                     |              |             |                     |
| Add                           |              |             |                     |
| Remove                        |              |             |                     |
| 6) Change                     |              |             |                     |
| Add                           |              |             |                     |
| Remove                        |              |             |                     |

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| The date of each amendment(s) addate this document was signed.           | doption:  | _, if other th | an the |
|--|---|----------------|--------|
| Effective date if applicable:  |   |                |        |
| <u></u>  | (no more than 90 days after amendment file date)  |                |        |
| Note: If the date inserted in this b document's effective date on the De | lock does not meet the applicable statutory filing requirements, this date will epartment of State's records.   | not be listed  | as the |
| Adoption of Amendment(s)   | (CHECK ONE)   |                |        |
| The amendment(s) was/were add action was not required.                   | opted by the incorporators, or board of directors without shareholder action and  | shareholder    |        |
| ☐ The amendment(s) was/were add<br>by the shareholders was/were su       | opted by the shareholders. The number of votes east for the amendment(s) of lifeient for approval.  |                |        |
| must be separately provided for  | proved by the shareholders through voting groups. The following statement 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)  |                |        |
| selecte  | irector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)  Joseph Ciceri | _              |        |
|  | (Typed or printed name of person signing)   | SECR           | 2023 A |

(Title of person signing)

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