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(Re	equestor's Name)	
(Ad	dress)	
(Ad	idress)	
(Cit	y/State/Zip/Phone	= #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
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COVER LETTER

O: Amendment Section Division of Corporations
GAME OF CORPORATION: Subway Britannica V Inco
OCUMENT NUMBER:
The enclosed Articles of Amendment and fee are submitted for filling.
Please return all correspondence concerning this matter to the following:
Name of Contact Person Subway Firm/ Company 726/ Liffle Creek Way Address Pace F/ 3257/ City/ State and Zip Code Leeds of OL Damil - Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call
Tettrey Leeds at (85), 232-60/5 Name of Contact Person Area Code & Daytime Telephone Number
Inclosed is a check for the following amount made payable to the Florida Department of States
\$35 Filing Fee \$\begin{array}{ c c c c c c c c c c c c c c c c c c c
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of Tallahassee

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation

i a di a

(Name of Corporation	on as currently file			e) Short TALLER I	- 12. Fl
(Doesin	90000 nent Number of Cor	noration (if known	<u> </u>		
ursuant to the provisions of section 607,1006, Florida s Articles of Incorporation:		•		following amendm	ent(s) to
. If amending name, enter the new name of the co	orporation:				
Brittancea	V Tro	-		The nev	
ame must be distinguishable and contain the word "co lnc.," or Co.," or the designation "Corp," "Inc, chartered," "professional association," or the abbre	orporation," "comp " or "Co". A pro	any," or "incorpoi	rated" or the al tion name mu	obreviation "Corp., st contain the work	 d
. Enter new principal office address, if applicable Principal office address <u>MUST BE A STREET ADD</u>					
	_				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u> </u>				
	-				
. If amending the registered agent and/or registe new registered agent and/or the new registered	red office address office address:	in Flo <u>rida, enter</u> (he name of th	2	
Name of New Registered Agent					
	(Florida street a	ddrasst			
	(1 11/1 tata 31/1 ter a		F1		
New Registered Office Address:	ıCit	.)	Florid	(Zip Code)	
New Registered Agent's Signature, if changing Registered agent.	gistered Agent: I am familiar with	and accept the obt	igations 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 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	PT John	<u>Doc</u>	
X Remove	<u>V</u> <u>Mike</u>	Jones	
X Add	<u>SV</u> <u>Sally</u>	Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			•
Add			
Remove			

amending or adding additional Arti attach additional sheets, if necessary).	(Be specific)	
	<u> </u>	
f an amendment provides for an excl	ana a realiscification or cancellation	n of icensed shares
provisions for implementing the ame	endment if not contained in the amen	dment itself:
(if not applicable, indicate N/A)		
		

The date of each amendr	ient(s) adoption: / Vanuary 2022 if other than the
late this document was sig	
Effective date <u>if applicab</u>	l <u>e</u> :
	(no more than 90 days after amendment file date)
Note: If the date inserted locument's effective date	in this block does not meet the applicable statutory filing requirements, this date will not be listed as the on the Department of State's records.
Adoption of Amendment	(S) (CHECK ONE)
The amendment(s) was action was not required	/were adopted by the incorporators, or board of directors without shareholder action and shareholder .
	/were adopted by the shareholders. The number of votes cast for the amendment(s) is/were sufficient for approval.
☐ The amendment(s) was must be separately pro	were approved by the shareholders through voting groups. The following statement wided for each voting group entitled to vote separately on the amendment(s):
"The number of	rotes cast for the amendment(s) was/were sufficient for approval
by	
	(voting group)
Dated_	17 June 2020
Signatu	(But 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 appointed fiduciary by that fiduciary)
	Teffrey L Leeds (Typed or printed name of person signing)
	President
	(Title of person signing)