P99000097512

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COVER LETTER

TO: Amendment Section

Division of Corpor	rations			
NAME OF CORPOR.	ATION: Palm Har	nmock Inc.		
DOCUMENT NUMB	er: <u>P9900009</u> -	7512		
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.		
Please return all corresp	ondence concerning this ma	tter to the following:		
_		Sherry Albr	itton	
_		alm Hammoo	ck Inc.	
	,	Firm/ Company		
_		P. O. Box 537	·	
_	Lolto	Springs · Fl City/ State and Zip Code	. 33890	
	sherryalbrit	ton@yahoo.	com	
_	E-mail address: (to be us	sed for future annual report	notification)	
For further information	concerning this matter, pleas	se call;		
Sherry	Albritton	at (<u>863</u>	414.0875	
Name of	f Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for	the following amount made	payable to the Florida Depa	irtment of State:	
\$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certificate of Status Certified Copy (Additional Copy is enclosed)	
	ing Address		Address	
	ion of Corporations	Amendment Section Division of Corporations		
	ion of Corporations Box 6327		entre of Tallahassee	
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, Ft. 32303		

Articles of Amendment to Articles of Incorporation of

Palm Hammock Inc.	
(Name of Corporation as currently filed with the Florida Dept. of State)	
P99000097512	
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607,1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following its Articles of Incorporation:	ng 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," "company," or "incorporated" or the abbreviati "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must conta- "chartered," "professional association," or the abbreviation "P.A."	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	78.
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:	<u>မှာ</u> ပဉ်
Name of New Registered Agent	_
(Florida street address)	-
New Registered Office Address:, Florida	
(City) (Zip	Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.	
Signature of New Registered Agent, if changing	_
Check if applicable ☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), 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	\underline{PT}	John Do	<u>)e</u>						
X Remove	<u>V</u>	Mike Jo	<u>ones</u>						
X Add	<u>sv</u>	Sally Si	mith						
Type of Action (Check One)	Title		Name			<u>Addres</u> s			
1) Change	D		Kayla	Brooke	Albritton	P.O. Box Zolfo S	537 Springs	·F(-3	1390
Remove							_		
2) Change									
Add									
Remove Change		_							
Add									
Remove									
4) Change					<u></u>				
Add							 -	-	
Remove						÷			
5) Change		_							
Add									
Remove									
6) Change									
Add									
Remove						·			

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an an	nendment p	<u>rovides for an e</u>	xchange, recla	assification, or	cancellation o	of issued share	<u>'S,</u>	
<u>rovisi</u>	ions for imp	dementing the a	mendment if i	not contained	in the amendr	nent itself:		
(if.	not applical	ble, indicate N/A)					
. 1 /.		_						
<u>N / P</u>	A	• —- 						
	_							
								
								

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The date of each amendment(s) adoption	n:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block of document's effective date on the Departm	loes not meet the applicable statutory filing requirements, ent of State's records.	this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted action was not required.	by the incorporators, or board of directors without sharehold	er action and shareholder
☐ The amendment(s) was/were adopted by the shareholders was/were sufficie	by the shareholders. The number of votes cast for the amend at for approval.	dment(s)
	by the shareholders through voting groups. The following woting group entitled to vote separately on the amendment(s	
"The number of votes east for th	amendment(s) was/were sufficient for approval	
by	,"	
,	(voting group)	
Dated 10.21.20	20	
Signature (By a director	20 14 S. Albritton. 15 passident or other officer – if directors or officers have not	t been
•	in incorporator – if in the hands of a receiver, trustee, or oth	er court
appointed tic	uciary by that (iduciary)	
	Sherry E. Albritton (Typed or printed name of person signing)	
	(Typed or printed name of person signing)	
	VP	
_	(Title of person signing)	