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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: INNOVATIVE CO	OMMUNITY MANAGEM	ENT SOLUTIONS, INC.
DOCUMENT NUMI	BER:		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	TERRI B. WHETZEL		
		Name of Contact Person	1
		Firm/ Company	
	2545 ROYAL LIVERPOOL	DRIVE	
		Address	
	TARPON SPRINGS, FL 346	888	
		City/ State and Zip Code	2
for further informatio	E-mail address: (to be us	sed for future annual report	notification)
RYAN A. DODDRIE	GE	at (
Name (of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	irtment of State:
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divi P.O.	ling Address endment Section sion of Corporations Box 6327 ahassee, FL 32314	Amend Divisio The Co 2415 N	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 ussee, F1, 32303

Articles of Amendment to Articles of Incorporation of

FILED

INNOVATIVE COMMUNITY MANAGEMENT SOLUTIONS, INC.

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

2022 JAN 13 PH 12 31

(<u>Name c</u>	of Corporation as current	ly filed with the Florida Dept. of State)			
99000099922					
	(Document Number o	of Corporation (if known)			
ursuant to the provisions of section 607. s Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Corporation adopts the following amendment(s)			
. If amending name, enter the new na	ame of the corporation:				
NNOVATIVE CAM CONSULTING, I	NC.	The _new			
	Corp," "Inc," or "Co"	company," or "incorporated" or the abbreviation "Corp.," A professional corporation name must contain the word			
. Enter new principal office address,	if applicable:	2545 ROYAL LIVERPOOL DRIVE			
Principal office address <u>MUST BE A S</u>		TARPON SPRINGS, FL 34688			
. Enter new mailing address, if appl (Mailing address MAY BE A POST)		2545 ROYAL LIVERPOOL DRIVE			
		TARPON SPRINGS, FL 34688			
If amending the registered agent an new registered agent and/or the new Name of New Registered Agent		ress in Florida, enter the name of the s:			
	2545 ROYAL LIVERPOO	OL DRIVE			
	(Florida sti	reet address)			
New Registered Office Address:	(Florida su TARPON SPRINGS	reet address) Florida ³⁴⁶⁸⁸			

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: <u>X</u> Change	<u>PT</u>	John Dog	<u> </u>	
X Remove	<u>V</u>	Mike Jor	<u>nes</u>	
X Add	<u>sv</u>	Sally Sm	<u>íth</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<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				

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. <u>If an</u>	<u>amendmei</u>	nt provides fo	or an exchar	age, reclassi	fication, or c	ancellation o	fissued share:	<u> </u>	
pro	<u>Visions for</u> (if not appl	implementing icable, indica	g the ameno w N/4)	iment if not	contained in	i th <u>e amenon</u>	ient itsen:		
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The date of each amendment(s) date this document was signed.	DECEMBER 27, 2021 adoption:	, if other than th
•		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing requirements, this date epartment of State's records.	will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were action was not required.	opted by the incorporators, or board of directors without shareholder action	n and shareholder
The amendment(s) was/were ac by the shareholders was/were	opted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval.	,
	proved by the shareholders through voting groups. The following statemen each voting group entitled to vote separately on the amendment(s):	u
"The number of votes cas	t for the amendment(s) was/were sufficient for approval	
by	(voting group)	
oigniture	lirector, president or other officer – if directors or officers have not been	
select	ed, by an incorporator – if in the hands of a receiver, trustee, or other court need fiduciary by that fiduciary)	
	TERRIB. WHETZEL	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	