533645

(Re	equestor's Name)	
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COVER LETTER

TO: Amendment Section Division of Corporations Reece Ente DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: (Name of Contact Person) (Firm/ Company) -mail address: (to be used for future annual For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: □ \$35 Filing Fee ७\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

4.

Street Address

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed)

Articles of Amendment

to
Articles of Incorporation

1.0	of ,	
Lynn Reece Ent	erpnses.	Inc.
(Name of Corporation as currently filed with the Florida	a Depti of State)	
533 645		
(Dogument Num	mber of Corporation (if know)
(Document Nun	moer or Corporation (ii kno-	wii)
Pursuant to the provisions of section 617.1006, Florida Stat amendment(s) to its Articles of Incorporation:	tutes, this <i>Florida Not For I</i>	Profit Corporation adopts the following
A. If amending name, enter the new name of the corpor Story Office of the corpor name must be distinguishable and contain the word "corpo" (Company" or "Co." may not be used in the name.	· Valet	or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRES	<u></u>	
		This 🔂
	- · .	
C. Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		-1
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office	office address in Florida, en e address:	nter the name of the
Name of New Registered Agent:		
	(Flori	da street address)
New Registered Office Address:		
		, Florida
- 	(City)	(Zip Code)
N B 1		
New Registered Agent's Signature, if changing Register I hereby accept the appointment as registered agent. I am		a ablicacione at the annition
i nercoy accept the appointment as registered agent. I am	jamuiar wun ana accept th	e oouganons of the position.

Signature of New Registered Agent, if changing

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 = ChiefExecutive 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 Doc, PT as a Change,

Table 1 da Ac	move, ana Sally S	mith, SV as an Add.	a contract should be noted as John Doc, PT as a
Example: $\frac{X}{X}$ Change $\frac{X}{X}$ Remove $\frac{X}{X}$ Add	$\frac{\mathbf{V}}{\mathbf{v}}$ M	hn <u>Doe</u> ike Jones Ily Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
Change Add			
Remove			
2) Change Add			
Remove			
3) Change Add Remove			
4) Change Add			
Remove			
5) Change Add			
			
Remove			
б) Change Add			
Remove			
t. If amending or additional sheet	ng additional Ar ets. if necessary).	ticles, enter change(s) here: (Be specific)	
			

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The date of each amendment(s) adoption date this document was signed.	on:			, if other than the
Effective date if applicable:				
· · · · · · · · · · · · · · · · · · ·	(no more than 90 c	days after amendm	ent file date)	
<u>Note:</u> If the date inserted in this block document's effective date on the Departn			ling requirements, this	s date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)			

The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.
Dated 4/9/2024
Signature Klyn M
(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
Karsten Weinaud
(Typed or printed name of person signing)
President
(Title of person signing)