565659

Office Use Only



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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	TION: NATI DE	POT-DELRAY I	CNC.	
DOCUMENT NUMBER	R: 56565	9		
The enclosed Articles of	Amendment and fee are su	bmitted for filing.		
Please return all correspo	ndence concerning this ma	tter to the following:		
	GREGORY	v Tosti		
		Name of Contact Persor	1	
	Nail D	Name of Contact Person POT - DelPAY Firm/ Company BIVD 4-B Address The potential of th	INC	
	4801 Linton	BIVD 4-B		
		Address		
	Doloay Bear	, FL 33	445	
	DOID!	City/ State and Zip Code	-	
	1.4.	-		
		TO AOL.COM.		
	E-mail address: (to be us	sed for future annual report	notification)	
For further information c	oncerning this matter, pleas	se call:		
GREGORY	Tosti	aı(<u>561</u>	929-0865	
Name of 0	Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for th	ne following amount made	payable to the Florida Depa	artment of State:	
XI \$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address		Street Address		
	lment Section	Amendment Section		
Division of Corporations		Division of Corporations The Centre of Tallahassee		
P.O. Box 6327 Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

Articles of Amendment

to

	to	F11 6
	Articles of Incorporation of	THE POST OF
NAIL Del	POT-DEIRAY INC.	2022 OCT -3 PM 2: 24
(Name of Corpo	oration as currently filed with the Florida	Dep6.0fState) 2. 24
5656	559	TALLAHASSEE. 157
(I)	ocument Number of Corporation (if known)	
Pursuant to the provisions of section 607,1006, Flits Articles of Incorporation:	orida Statutes, this <i>Florida Profit Corporat</i>	ion adopts the following amendment(s) to
A. If amending name, enter the new name of t	he corporation:	
	NA	74
name must be distinguishable and contain the wor		The ated" or the abbreviation "Corn."
name must be distinguishable and contain the wor "Inc.," or Co.," or the designation "Corp," "chartered," "professional association," or the c	Inc," or "Co". A professional corporal	ion name must contain the word
B. Enter new principal office address, if applie (Principal office address MUST BE A STREET)	cable:	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC.)	E BOX)	
(Bluing duties MAT DEST 1001 001 001		
D. If amending the registered agent and/or re new registered agent and/or the new regist	gistered office address in Florida, enter t ered office address:	he name of the
Name of New Registered Agent	as Faull' Ainda	
154	(Florida street address)	
		23 484
New Registered Office Address: De	ledy beach	Florida 33 98 9 (Zip Code)
	(City)	(ray) (sout)
New Registered Agent's Signature, if changing	o Registered Agent:	
I hereby accept the appointment as registered as	gent. I am familiar with and accept the obli	gations of the position.
	1 1	
- Lingi	Signature of New Registered Agent, if char	10 isut
/ /	Signature of New Registerea Agent, if char	Kuß

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.

Example: X Change	<u>PT</u>	John Doe	
X Remove	<u>y</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) X Change	<u>P</u> .	GREGORY B- Tost.	15928 FORSYthia CIR. Deleat Beach FC. 33484
Add			Deleat Beach FC. 33484
Remove 2) K Change	V	MARISSA Tosti	4801 Linter Blud 4-B DelRAY, Boh FC 33445
Add Remove 3) Change			<u>yerran, 1301 PC 534 CC</u>
Add			
Remove 4) Change		Name of the second seco	
Add			
Remove			<u> </u>
5) Change			
Add Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	icles, enter change(s) he (Be specific)			
	•			
	_			
				-,
		<u></u>		
		·		
an amendment provides for an excl	nange, reclassification,	or cancellation of iss	ued shares,	
provisions for implementing the amo (if not applicable, indicate N/A)	endment if not containe	ed in the amendment	itself:	
(i) not applicable, making way				
	·			

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date <u>if applicable</u> :	
(no more than 90 days after amendm	ent file date)
Note: If the date inserted in this block does not meet the applicable statutory filing document's effective date on the Department of State's records.	requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONF.)	
The amendment(s) was/were adopted by the incorporators, or board of directors win action was not required.	thout shareholder action and shareholder
The amendment(s) was/were adopted by the shareholders. The number of votes can by the shareholders was/were sufficient for approval.	st for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. must be separately provided for each voting group entitled to vote separately on the	The following statement amendment(s):
"The number of votes cast for the amendment(s) was/were sufficient for appr	oval
by Myn M (voting group)	
Dated 9-28-22	
Signature Myn m J.f. Signature Myn m J.f. By a director president or other officer – if directors or o	fficers have not been
selected, by an incorporator – if in the hands of a receiver appointed fiduciary by that fiduciary)	, trustee, or other court
GRELURY TOSTI	
(Typed or printed name of person signi	ng)
(Title of person signing)	
(Title of person signing)	