## NZ1000002316

(Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer:	(Rec	juestor's Name)	
(Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status			
(City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(Add	lress)	
(City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status			
PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(Add	ress)	
PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	——————————————————————————————————————	/State/7in/Dhone	<del></del>
(Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(City	rotate/21p/Pflone	: #)
(Document Number)  Certified Copies Certificates of Status	PICK-UP	☐ WAIT	MAIL
(Document Number)  Certified Copies Certificates of Status			
Certified Copies Certificates of Status	(Bus	iness Entity Nam	ne)
Certified Copies Certificates of Status			
	(Doc	ument Number)	
	Certified Coninc	Cartificates	of Chah
Special Instructions to Filing Officer:	Cerumed Copies	Certificates	of Status
Special instructions to Filing Officer.	Special Instructions to E	ilian Officer	
	Special instructions to F	iling Officer.	

Office Use Only



900365897049

05/13/21--01018--011 \*\*35.00

2821 MAY 13 AM 7: 26

Mound

JUN 2:E 2021 ! ALBRITTON

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

Preferred Commercial Alliance Corp NAME OF CORPORATION:
N21000002316 DOCUMENT NUMBER:
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Edith Button
(Name of Contact Person)
Cash Flow Strategies
(Firm/ Company)
248 SW 3rd Terrace
(Address)
Cape Coral, FL 33991
(City/ State and Zip Code)
edye@cashflowstrategies.net
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Edith Button 954 540-0836
(Name of Contact Person) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Florida Department of State:
■ \$35 Filing Fee

**Mailing Address** 

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

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

## Articles of Amendment Articles of Incorporation

			ياكية. اع
	Articles of Amendment		
	to Articles of Incorporation	<b>5</b> % 5	سُ
	of		7
Preferred Commercial Alliance Corp		· ·	٠ .
(Name of Corporation as currently filed with the F	lorida Dept. of State)		
(Documen	t Number of Corporation (if	known)	
Pursuant to the provisions of section 617.1006, Florida amendment(s) to its Articles of Incorporation:	a Statutes, this <i>Florida Not I</i>	For Profit Corporation adopts the following	
A. If amending name, enter the new name of the co	orporation:		
N/A		The new	
name must be distinguishable and contain the word "company" or "Co." may not be used in the name.	corporation" or "incorporat	ed" or the abbreviation "Corp." or "Inc."	
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADD			
WOST BE A STREET AND	<u>/RL35</u> )		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u> </u>		
D. If amending the registered agent and/or register	red office address in Florid	a, enter the name of the	
new registered agent and/or the new registered	office address:	<del></del>	
Name of New Registered Agent:	Α		
<del>-</del>		Florida street address)	
New Registered Office Address:		****	
		Florida	
	(City)	, Florida, (Zip Code)	
New Registered Agent's Signature, if changing Reg	istand Anna-t-	· ·	
I hereby accept the appointment as registered agent.	<u>Mereu Agent:</u> I am familiar with and acces	et the obligations of the position	
5	,	<i>y y y</i>	
<del></del>	Signature of New Regis	tered 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 = 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 X Remove X Add	PT John I V Mike J SV Salty S	ones	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add	<u>P</u>	Edve Button	
Remove  2) Change x Add	P	Edith Button	248 SW 3rd Terrace Cape Coral, FL 33991
Remove 3 ) Change Add Remove	<u>v</u>	Anthony DeVita	
4) Change Add	<u>T</u>	Steve Bray	
2 Remove  5) Change Add	<u>S</u>	Matthew Sprung	
x Remove 6) Change Add	D	Marv Cranden	
E. If amending or additional sheet	ets, if necessary).	icles, enter change(s) here: (Be specific)	

Thu day of	
date this document was stand	option:, if other than the
Effective date if applicable:	
N	(no more than 90 days after amendment file date)
Note: If the date inserted in this bloc document's effective date on the Dep	t dans to the state of the s
Adoption of Amendment(s)	(CHECK ONE)
☐ The amendment(s) was/were ade was/were sufficient for approval.	pted by the members and the number of votes cast for the amendment(s)

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 May 7, 2021
Signature  (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)
Edith Button
(Typed or printed name of person signing)
President
(Title of person signing)