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SECRETARY OF STATE



COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: We AC	crue Propert	ies, ine			
DOCUMENT NUMBER:						
The enclosed Articles of Amendment and fee are submitted for filing.						
Please return all correspondence concerning this matter to the following:						
	Lawren Mo An	Name of Contact Person CTUP Propert	S			
-	Firm/ Company					
	27841 Quinn Street					
BUNITA Springs, FL 34135 City State and Zip Code						
	E-mail address: (to be us	NEACTUE DY	DOCITIES, COM			
For further information concerning this matter, please call:						
Name of Contact Person at (929) 448 1436 Area Code & Daytime Telephone Number						
Enclosed is a check for the following amount made payable to the Florida Department of State:						
\$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)			
Mail	ing Address	Street	Address			

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

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

Articles of Amendment to Articles of Incorporation

to

	of	orporation	3 5 €±. € <u>±</u>	= LJ
We Acci	ue Drup	erties, inc		PM 1: 36
(Name of Cor	rporation as currently	y filed with the Florida	Dept. of State) SEUNE IARY ())
Pai	()000018	30	TALLAHASS	TE PILE
	(Document Number of	Corporation (if known)		72.6716
rrsuant to the provisions of section 607,1006. Articles of Incorporation:	Florida Statutes, this I	Florida Profit Corporati	an adopts the following	ing amendme
If amending name, enter the new name of	f the corporation:			
110				The new
ame must be distinguishable and contain the w	ord "corporation." "c	company." or "incorpora		
Inc.," or Co.," or the designation "Corp,"	""Inc," or "Co". A			
chartered," "professional association," or th	e abbreviation "P.A."	. 1		
. Enter new principal office address, if app	olicable:	NIW		
Principal office address <u>MUST BE A STREE</u>				
				
				}
				i
Enter new mailing address, if applicable	CE POV	$N / \alpha >$	/	
(Mailing address MAY BE A POST OFFI	CE BUX)	14100		
. If amending the registered agent and/or			e name of the	Ì
new registered agent and/or the new reg	stered office address:	<u>:</u>		
Name of New Registered Agent	Na			
				_
	, (Florida stre	nat addrage)		_
	1 / C. /	er (unaress)		
New Registered Office Address:	NIW	.221	, Florida	<u> </u>
	•	(City)	(Zip	Code)
ew Registered Agent's Signature, if changi hereby accept the appointment as registered a	ng Registered Agent:	, ith and accent the oblig	zitims of the position	
иссор иссерсто аруститет из годинегой и	-дет. ган ранина <i>п</i>	an and accept the only	and the position.	
	1			
N	IN			
	Signature of New Ro	gistered Agent, if chang	ing	-
	,	, , ,	-	
heck if applicable				

Check if applicable

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

address of each Officer (Attach additional sheet: Please note the officer/d P = President: V = Vice Executive Officer: CFO President, Treasurer, Di Changes should be note	and/or I: s, if neces: irector titl President = Chief F rector wo d in the fo aves the c	Director bei sary) le by the firs t: T= Treas inancial Off uld be PTD llowing ma corporation,	ng added: st letter of the office urer; S= Secretary; ficer. If an officer/di nner. Currently Joh Sally Smith is name ' as an Add.	title: D= Director: TR= Tr Trector holds more than Doe is listed as the P	custee; C = Chairman or Clerk one title, list the first letter of e PST and Mike Jones is listed as should be noted as John Doe, P	; CEO = Chief ach office held. the V. There is
X Remove	<u>Y</u>	Mike Jone	<u>28</u>			
X Add	<u>sv</u>	Sally Smi	<u>th</u>			
Type of Action (Check One)	<u>Title</u>	ì	<u>Name</u>		<u>Addres</u> s	j
1) Change	NP		juseph	Trattner	T 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2	<u>lan</u> e
Add Remove					<u>FORFTMYERS</u> , 33905	<u> </u>
2) Change						
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Remove 3) Change						
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Add						1
Remove						_
6) Change			<u> </u>			+
Add						1
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	N/a	
_		
_		
_		
an amei	dment provides for an exchange, reclassification, or cancellation of issued shares,	
rovisior (if no	s for implementing the amendment if not contained in the amendment itself: tapplicable, indicate N/A)	
• •		
12 6	classification of issued shares	
	0 1 0 1 1 1 1 0 (P) = 51 1/1	
	· Lawrence (p) = 51%. · Rush (vp) = 49%.	
	Total Classics / ODO DOD	
	Total Shares: 1,000,000	

. .

	if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will nedocument's effective date on the Department of State's records.	of be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.	archolder
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by N/W	
(voting group)	
Dated 02/11/2021	
Signature	
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver trustee, or other court	
appointed tiduciary by that fiduciary)	
Lawrence D. liles	
(Typed or printed name of person signing)	
Prosident	
(Title of person signing)	

Carry Commence