## N03029

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

Florida Antique Buc NAME OF CORPORATION:	ket Brigade, Inc		<del>,,_</del> ,	
#N03029 DOCUMENT NUMBER:				
The enclosed Articles of Amendment and fee are sub-	mitted for filing.			
Please return all correspondence concerning this matter	er to the following:			
Sal Aprile				
	(Name of Contact P	erson)		
FABB				
	(Firm/ Compan	y)		
3927 Corveta Ct.				
	(Address)			
Orlando FL. 32837-5854				
	(City/ State and Zip	Code)		
ChiefSal@Bellsouth.net				
E-mail address: (to be used	for future annual re	ort notification	i)	
For further information concerning this matter, please	call:			~~ ~~
Sal Aprile	at	321	229 9864 (Daytime Telephor	77 7.5
(Name of Contact Person		(Area Code)	(Daytime Telephor	ne Number) 1
Enclosed is a check for the following amount made pa	ayable to the Florida	Department of	State:	· 🖫
■ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status		Certif s Certifi	Filing Fee icate of Status led Copy tional Copy is used)	; ;;
Mailing Address  Amendment Section  Division of Corporations	Ār	reet Address nendment Sectivision of Corpo		

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## Articles of Amendment to Articles of Incorporation of

Florida Antique Bucket Brigade, Inc

(Name of Corporation as currently filed with th	e Florida E	Dept. of S	tate)				
#N03029				<del></del>			
(Docum	nent Numb	er of Corp	oration (if kno	own)			
Pursuant to the provisions of section 617,1006, Flo amendment(s) to its Articles of Incorporation:	orida Statute	es, this <i>Fl</i>	orida Not For	Profit Corpo	<i>ration</i> adopts th	e follo	owing
A. If amending name, enter the new name of th	e corporat	<u>ion;</u>					
							new
name must be distinguishable and contain the word "Company" or "Co." may not be used in the nam		tion" or '	'incorporated''	or the abbre	viation "Corp."	' or "I	nc."
B. Enter new principal office address, if applica	able:	Sal Apri	le				
Principal office address <u>MUST BE A STREET A</u>		) <sub>3927 Co</sub>	rveta Ct			-	
		Orlando	FL. 32837-585	54 			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u>BOX</u> )	Sal Apr	ile				
		3927 Co	rveta Ct.				
		Orlando	FL. 32837-58	154			
D. If amending the registered agent and/or reginew registered agent and/or the new register			<u>s in Florida, e</u>	nter the nan	ne of the		2
Salvatore (Sal) Aprile			972				
Name of New Registered Agent:	3927 Corv	veta Ct.					<del></del> ;
New Registered Office Address:	:	***	(Flor	ida street addre.	, ss) .	-	رب <u>دی</u>
	Orlando				, Florida 32837-	-5854	
		(City)			(Zip Code)		င္ယ
New Registered Agent's Signature, if changing I hereby accept the appointment as registered agen	Registered at. I am fai	Agent: miliar wit	h and accept th	he obligations	s of the position.		-
-	Si	gnature o	New Register	ed Agent, if c	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 Do V Mike Jo SV Sally Sr	nes	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
Change Add	<u> </u>	Linda McMahon	723 Hernandez Dr. The Villages FL. 32159
	<u>T</u>	Salvatore (Sal) Aprile	3927 Corveta Ct. Orlando FL 32837-5854
Remove 3) × Change Add Remove	<u> </u>	Leslie M. Westlake	714 N Tremain St Mount Dora FL. 32757
4) Change Add	<u>P</u>	Robert C. Romig	620 Portotino Dr. Poinciana FL. 34759
Remove  5) Change     Add     Remove			
6) Change Add			
E. If amending or addin (attach additional shee		cles, enter change(s) here: (Be specific)	

The date of each amendment(s) adoption: July 9, 2022	an the
Effective date if applicable:  July 9, 2022	
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 not be listed as a document's effective date on the Department of State's records.	he
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.	

adopted by the bo	ard of directors.
Dated	July 29, 2022
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)
	Sal Aprile
	(Typed or printed name of person signing)
	Treasurer
	(Title of person signing)

■ There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were