## MICOCOCHI

(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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## **COVER LETTER**

**TO:** Amendment Section • Division of Corporations

**Division of Corporations** 

Tallahassee, FL 32314

P.O. Box 6327

**DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: For further information concerning this matter, please call: (Name of Contact Person) at  $\frac{50-79-3701}{\text{(Area Code)}}$  (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 & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy Certificate of Status Certificate of Status (Additional copy is Certified Copy (Additional Copy is enclosed) Enclosed) **Mailing Address Street Address** Amendment Section Amendment Section

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

## Articles of Amendment to

•	Articles of Incorporation
TIOL	06 16 SEP 19 PM 4: 00
INE Lord	5. Retuge Localis
(Name of Corporation	as currently filed with the Florida Dept. of State)
1110	000004761
(Docum	nent Number of Corporation (if known)
Pursuant to the provisions of section 617.1006, Flori amendment(s) to its Articles of Incorporation:	ida Statutes, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the	
name must he distinguishable and contain the word	"corporation" or "incorporated" or the abbreviation "Corp." or "Inc."
"Company" or "Co." may not be used in the name	
B. Enter new principal office address, if applicat	ble•
(Principal office address <u>MUST BE A STREET Al</u>	
	•
a 5	<del></del>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	BOX)
D. If amonding the registered agent and/or regis	tered office address in Florida, enter the name of the
new registered agent and/or the new registere	
Name of New Registered Agent:	lessica Jordan
Name of New Register en Agem.	11 1111 0 01 (000)
	16141 Cast (Ornwall Dr (Florida street address)
New Registered Office Address:	(1-10/14d Street address)
	loxabatchee Florida 33470
•	(City) (Zip Code)
New Registered Agent's Signature, if changing R	Registered Agent:  1. I am familiar with and accept the obligations of the position.
increes accept the appointment as registered agent	. I am jamma min and decept the congunous of the position.
	• •
<del>-</del>	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 = 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	· <u>V</u> <u>Mi</u>	nn <u>Doe</u> ke Jones ly Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s	
1) Change	. ——			
Add			 	
Remove				. 31
2) Change				
Add				
Remove				
3) Change			 ·	1,
Add				
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4) Change				
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5) Change				
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amending or adding additional Ar ach additional sheets, if necessary).	(Be specific)			
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V** 1 *** *** *** *** *** *** *** *** **				
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The date of each amendment(s) ad	option:	, if other than the
late this document was signed.		,
Effective date <u>if applicable</u> :		,
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blo locument's effective date on the De	ck does not meet the applicable statutory filing requirements, this opartment of State's records.	date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ac was/were sufficient for approva	lopted by the members and the number of votes cast for the amendal.	ment(s)
There are no members or members adopted by the board of directors	pers entitled to vote on the amendment(s). The amendment(s) was/ors.	were
Dated 9/1	3/16	
Signature	sse Jordon	
have not be	man or vice chairman of the board, president or other officer-if dir en selected, by an incorporator — if in the hands of a receiver, truste appointed fiduciary by that fiduciary)	
	Dessica Jardon	
	(Typed or printed name of person signing)	
	(Title of person signing)	