P14000082740

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPO	PRATION: Bobarino's Inc.		
	IBER: P14000082740		
	s of Amendment and fee are su	abmitted for filing.	
Please return all corr	espondence concerning this ma	tter to the following:	
	Robert J. Lee		
		Name of Contact Perso	n
	Bobarino's Inc.		
		Firm/ Company	
	20 Magnolia Ave.	•	
		Address	
	Englewood FL 24223		
		City/ State and Zip Cod	e
Bob	arinos@comcast.net		
		sed for future annual report	notification)
For further information	on concerning this matter, pleas	se call:	
Robert Lee		941 at (473-0000
			de & Daytime Telephone Number
Enclosed is a check f	or the following amount made	payable to the Florida Depa	artment of State:
\$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)
Am Div P.C	tiling Address tendment Section vision of Corporations D. Box 6327 lahassee, FL 32314	Ameno Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Bobarino's Inc.			
(Name of Corporation as currently filed with the Florida Dept	of State)	
P14000082740			
(Document Number of Corporation (if known)			
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> ad its Articles of Incorporation:	opts the fo	ollowin	g amendment(s) to
A. If amending name, enter the new name of the corporation:			
			The new
name must be distinguishable and contain the word "corporation," "company," or "incorpo "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corpora word "chartered," "professional association," or the abbreviation "P.A."	rated" or tion name	the a	bbreviation
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)			
C. Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
	 		
D. <u>If amending the registered agent and/or registered office address in Florida, enter the namew registered agent and/or the new registered office address:</u>	e of the		
Name of New Registered Agent			-
(Florida street address)			
New Registered Office Address:, (City)	Florida_	(Zin I	Code)
(City)		(Zip (Loue)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations	opine po	Maisen 21	
Signature of New Registered Agent, if changing		E U	ğ

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 Do	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change	<u>v</u>		Robert Lee	20 Magnolia Ave.
x Add				Englewood
Remove				Florida 34223
2) Change		_		
Add				
Remove				
3) Change		_		
Adđ				
Remove				
4) Change		_		
Add				
Remove				
5) Change				
Add				
Remove				
O Ch				
6) Change		_		
Add				
Remove				

. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)			
reacti additional sites, y	necessary). (De specific)		
·			 .
		·	
···			
	<u> </u>		
f	- f	- Al	
nrovisions for implement	s for an exchange, reclassific	ation, or cancellation of issued shares ntained in the amendment itself:	<u>)</u>
(if not applicable, ind	icate N/A)	ntamed in the amendment usen.	
(J 	······		

The date of each amendment(s) a date this document was signed.	adoption:	, if other than the
Ap	ril 1 2018	
Effective date if applicable:	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the E	block does not meet the applicable statutory filing requirements, this date will be partment of State's records.	ll not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were ac by the shareholders was/were s	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
	oproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):	
"The number of votes cas	et for the amendment(s) was/were sufficient for approval	
by	59	
,	(voting group)	
The amendment(s) was/were ac action was not required.	dopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were accaptance accaptance.	dopted by the incorporators without shareholder action and shareholder	
April 1 20 Dated Signature		
(By a select	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court nted fiduciary by that fiduciary)	_
	DawnMarie Lee	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	