

8/24/2021

P9600049517
Division of Corporations
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6380

From:

Account Name : PERMITTING SPECIALIST OF FOOD & BEVERAGE INC
Account Number : I20190000062
Phone : (239)850-9451
Fax Number : (866)929-0535

REC-27
2021 AUG 27 AM 11:41
Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: psfb@comcast.net

COR AMND/RESTATE/CORRECT OR O/D RESIGN
NACHO MAMA'S OF COLLIER COUNTY, INC.

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AUG 30 2021

S. PRATHER

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August 27, 2021

FLORIDA DEPARTMENT OF STATE

Division of Corporations

NACHO MAMA'S OF COLLIER COUNTY, INC.

599 S COLLIER BLVD

201

MARCO ISLAND, FL 34145US

SUBJECT: NACHO MAMA'S OF COLLIER COUNTY, INC.

REF: P96000049517

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The date of adoption of each amendment must be included in the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Terri J Schroeder
Regulatory Specialist III

FAX Aud. #: B21000316993
Letter Number: 621A00020727

(14210003169933)

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: NACHO MAMA'S OF COLLIER COUNTY, INC

DOCUMENT NUMBER: P96000049517

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

JAMES F RAINONE

Name of Contact Person

NACHO MAMA'S OF COLLIER COUNTY, INC

Firm/ Company

599 S COLLIER BLVD STE 210

Address

MARCO ISLAND, FL 34145

City/ State and Zip Code

NICK19571@VERISON.NET

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JAMES F RAINONE

at (401)

207-5690

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

☐ \$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)

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, FL 32303

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Articles of Amendment
to
Articles of Incorporation
of

NACHO MAMA'S OF COLLIER COUNTY, INC

(Name of Corporation as currently filed with the Florida Dept. of State)

P96000049517

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.," A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

599 S COLLIER BLVD STE 210

NAPELS, FL 34145

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

30 CREST AVE

NARRAGANSETT, RI 02882

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent JAMES F RAINONE

599 S COLLIER BLVD STE 210

(Florida street address)

New Registered Office Address: MARCO ISLAND

Florida 34145

(City)

(Zip Code)

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 of the position.

x James F Rainone
Signature of New Registered Agent, If changing

Check if applicable

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

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11:00

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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:

☒ Change PT John Doe

☐ Remove V Mike Jones

☒ Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change	<u>PRES</u>	<u>PHILLIPS, ERIC S</u>	<u>1878 DOGWOOD DR</u>
<input type="checkbox"/> Add			<u>MARCO ISLAND, FL 34145</u>
<input checked="" type="checkbox"/> Remove			
2) <input type="checkbox"/> Change	<u>V PRES</u>	<u>RAINONE, JAMES D</u>	<u>30 CREST AVE</u>
<input type="checkbox"/> Add			<u>NARRAGANSETT, RI 02882</u>
<input checked="" type="checkbox"/> Remove			
3) <input type="checkbox"/> Change	<u>PRES</u>	<u>RAINONE, JAMES F</u>	<u>30 CREST AVE</u>
<input checked="" type="checkbox"/> Add			<u>NARRAGANSETT, RI 02882</u>
<input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change	<u>V PRES</u>	<u>OLLMER, DIRK</u>	<u>1768 GRANADA DR</u>
<input checked="" type="checkbox"/> Add			<u>MARCO ISLAND, FL 34145</u>
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change	<u>SEC</u>	<u>OLLMER, RENEE</u>	<u>1768 GRANDA DR</u>
<input checked="" type="checkbox"/> Add			<u>MARCO ISLAND, FL 34145</u>
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

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(Attach additional sheets, if necessary). (Be specific)

(If not applicable, indicate N/A)

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The date of each amendment(s) adoption: August 25, 2021, if other than the date this document was signed.

Effective date if applicable: August 25, 2021
(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 the document's effective date on the Department of State's records.

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.

☐ 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 _____"
(voting group)

Dated _____

X Signature

James F. Rainone

(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 fiduciary by that fiduciary)

JAMES F RAINONE

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

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CALLAHAN SEC FIL OFFICE

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