## P17000012176

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	ATION: EMANUEL'S FOR	DRIN. OF NW FL INC			
DOCUMENT NUMB	ER:				
	of Amendment and fee are su	bmitted for filing.			
Please return all corresp	pondence concerning this ma	tter to the following:			
;	NICK FANELLA				
-	Name of Contact Person				
i	NR FANELLA@ CO				
-		Firm/ Company			
	434 TANGLEWOOD DR				
-	•	Address			
1	FT WALTON BEACH FL 32547				
-	·	City/ State and Zip Code			
i	NFANELLA@COX.NET				
-	E-mail address: (to be us	sed for future annual report	notification)		
For further information	concerning this matter, please	se call:			
NICK FANELLA		8504611870 at (	1		
Name of Contact Person			le & Daytime Telephone Number		
Enclosed is a check for	the following amount made	payable to the Florida Depa	rtment of State:		
\$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	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

## Articles of Amendment to Articles of Incorporation of

EMANUEL'S ELOORING OF NW ELINC

2020 1111 -2 PH 12: 07

EMANUEL S PLOOKING OF NW PL INC	TOTAL TO LEAD TO	<b>.</b>
(Name of Corporation as cur	rrently filed with the Florida Dept. of State)	
P17000092176		
(Document Num	nber of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes its Articles of Incorporation:	s, this Florida Profit Corporation adopts the following	g amendment(s)
A. If amending name, enter the new name of the corporation	on:	
		The new
name must be distinguishable and contain the word "corporatio "Inc.," or Co.," or the designation "Corp," "Inc," or "Co "chartered," "professional association," or the abbreviation "	o". A professional corporation name must contain	on "Corp.,"
B. Enter new principal office address, if applicable:		
(Principal office address <u>MUST BE A STREET ADDRESS</u> )		
C. Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
D. If amending the registered agent and/or registered office	e address in Florida, enter the name of the	
new registered agent and/or the new registered office ad	ldress:	
Name of New Registered Agent		
Mane by the hogisticite right		-
(Flori	rida street address)	-
(1 tor		
New Registered Office Address:	(City) , Florida (Zip C	Code)
	(Zip C	(oae)
New Registered Agent's Signature, if changing Registered A	Agent:	
I hereby accept the appointment as registered agent. I am fam	niliar with and accept the obligations of the position.	
S:	N	-
Signature of A	New Registered Agent, if changing	
Check if applicable		
☐ The amendment(s) is/are being filed pursuant to s. 607.0120	O (11) (e), F.S.	

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)

Example:

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.

X Change	<u>P.L</u>	John De	<u>ne</u>	
X Remove	<u>V</u>	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally St	mith	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
1) Change	VΡ	_	MARCO A. ARREOLA VAZQUEZ	9212 EAGLE, NEST DR LOT 8
X Add				NAVARRE Fl. 32566
Remove				
2) Change				
Add				
Remove 3 ) Change		_		
Add				
Remove				
4) Change		<del></del>		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Remove				

If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)
<u> </u>	
· · · · · · · · · · · · · · · · · · ·	
	<u>'</u>
If an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

•

	option:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		<u>.</u> .
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bidocument's effective date on the De	ock does not meet the applicable statutory filing requirements partment of State's records.	, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ado action was not required.	pted by the incorporators, or board of directors without sharehol	der action and shareholder
☐ The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amer	ndment(s)
	roved by the shareholders through voting groups. The following each voting group entitled to vote separately on the amendment	
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	"	
,	(voting group)	
Signature <u>(f)</u> (By a di	28/2020  normal a-realized and a street of the directors or officers have no	
	l, by an incorporator – if in the hands of a receiver, trustee, or ot ed fiduciary by that fiduciary)	her court
	EMANUEL ARREOLA	
	(Typed or printed name of person signing)	
	PSD	
	(Title of person signing)	