## N10000001371

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C. BRUMBLEY
JAN 12 2022

## **COVER LETTER**

TO: Amendment Section Division of Corporations

**Division of Corporations** 

Tallahassee, FL 32314

P.O. Box 6327

NAME OF CORPORATION:	DA RANCH, INC
DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee	are submitted for filing.
Please return all correspondence concerning th	is matter to the following:
Wendy Hinson	
	(Name of Contact Person)
THE AMANDA RANCH, INC	
· · · · · · · · · · · · · · · · · · ·	(Firm/ Company)
234 Eventide Dr	
	(Address)
Fleming Island, FL 32003	
	(City/ State and Zip Code)
bwhinson10@gmail.com	
E-mail address: (to	be used for future annual report notification)
For further information concerning this matter.	please call:
Wendy Hinson	904 654-4572 at
(Name of Contact	Person) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount r	nade payable to the Florida Department of State:
☐ \$35 Filing Fee ☐ \$43.75 Filing Fee Certificate of \$	
Mailing Address Amendment Section	Street Address Amendment Section

Division of Corporations

Tallahassee, FL 32303

The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

## Articles of Amendment to Articles of Incorporation of

THE AMANDA RANCH, INC (Name of Corporation as currently filed with the Florida Dept. of State) N10000001371 (Document Number of Corporation (if known) Pursuant to the provisions of section 617,1006, Florida Statutes, this Florida Not For Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be 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 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. 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: (Florida street address) New Registered Office Address: , Florida (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.

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	$\overline{\underline{V}}$ $\overline{\underline{Mik}}$	n Doe te Jones y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add	<u>D</u>	DAVIDSON, CARL L	GREEN COVE SPRINGS, FL 320
X Remove			
2) Change Add	D	HINSON, WILLIAM	234 EVENTIDE DR FLEMING ISLAND, FL 32003
X   Remove	<u>D</u>	MCDOUGAL, RODNEY	2382 CAROLINA CHERRY CT. FLEMING ISLAND, FL 32003
4) Change Add	<u>D</u>	SELLERS, ANDREW J	1381 FANNIE HEAD RD JESUP, GA 31545
x Remove			
5) Change × Add	<u>S</u>	WENDY HINSON	234 EVENTIDE DR FLEMING ISLAND, FL 32003
Remove			
6) Change × Add	D	JAMES R STANLEY	3979 PINTO RD MIDDLEBURG, FL 32068
Remove			
		Articles, enter change(s) here:  (). (Be specific)	
•			
		<del></del>	

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.

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Example:  X Change X Remove X Add	<u>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change _× Add	D	WELSLEY R ROACH	6551 COLBY HILLS DR. JACKSONVILLE, FL 32222
Remove			
2) Change Add			
Remove 3) Change Add Remove			
4) Change Add	<del></del>		
Remove			
5) Change Add			
Remove			
6) Change Add	<del></del>		
Remove			
E. If amending or addin (attach additional sheet		nal Articles, enter change(s) here: ssury). (Be specific)	

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The date of each amendment(s) adoption date this document was signed.	on:	, if other than the
Effective data if applicables		
Effective date if applicable:	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block do document's effective date on the Department.	nes not meet the applicable statutory filing requirements, this date will a ment of State's records.	iot be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted was/were sufficient for approval.	d by the members and the number of votes cast for the amendment(s)	

adopted by the board of directors.
11/08/2021 Dated
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)
(Typed or privled name of person signing)
President (Title of person signing)

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