# 265540

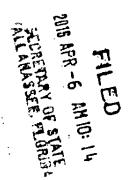
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#### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: JOE COLLURA O	GROVES, INC.
DOCUMENT NUMBER: 265540	
The enclosed Articles of Amendment and fee are so	abmitted for filing.
Please return all correspondence concerning this ma	atter to the following:
Christopher J. Collura	
	Name of Contact Person
	Firm/ Company
P.O. Box 922	
	Address
Dade City, Florida 33526	
	City/ State and Zip Code
ccollurajmp@gmail.com	
E-mail address: (to be u	sed for future annual report notification)
For further information concerning this matter, plea	ase call:
Christopher J. Collura	at () 918-2177
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 \$\times \text{Certificate of Status}\$	□\$43.75 Filing Fee & □\$52.50 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  Clifton Building  2661 Executive Center Circle  Tallahassee, FL 32301

### Articles of Amendment to Articles of Incorporation

#### JOE COLLURA GROVES, INC.

## (Name of Corporation as currently filed with the Florida Dept. of State) 265540 (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: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbre value "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 <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 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.

X Change	<u>PT</u>	John Doe			
X Remove	<u>V</u>	Mike Jones			
X Add	<u>sv</u>	Sally Smith			
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s		
1) X Change	PD	Christopher J. Collura	P.O. Box 922		
Add			Dade City, Florida 33526		
Remove					
2) X Change	VPD	Carolyn J. Collura	5415 Tower St.		
Add			Ridge Manor, FL 33523		
Remove					
3 ) Change	TD	Matthew L. Collura	45010 Lacoochee Claysink Rd.		
X Add			Webster, FL 33597		
Remove					
4) Change	SD	Leann M. Huffman	19718 Ellendale Drive		
X Add			Land O' Lakes, FL 34638		
Remove					
5) Change					
Add					
Remove					
6) Change					
Add					
Remove					

f amending or adding ad Attach additional sheets, if	f necessary). (Be spe	ecific)			
			<del></del>		
an amendment provide provisions for implement (if not applicable, ind	ting the amendment i	classification, or co f not contained in	incellation of issue the amendment its	d shares. elf:	
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	if other than the
date this document was signed.	
Effective date if applicable:  (no more than 90 days after amendment file date)	
(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 no document's effective date on the Department of State's records.	t be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ 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)	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 4/4/16	
Signature COO	
(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)	
Christopher J. Collura	
(Typed or printed name of person signing)	<del></del>
President, Director	
(Title of person signing)	