477220

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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: Richard Ferkich, Inc. DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Aaron J. Gold, Esquire Name of Contact Person Allen Dell, P.A. Firm/ Company 202 S. Rome Avenue, Suite 100 Address Tampa, FL 33606 City/ State and Zip Code agold@allendell.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Aaron J. Gold, Esquire Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ■\$52.50 Filing Fee □ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & Certificate of Status -Certificate of Status Certified Copy Certified Copy (Additional copy is enclosed) (Additional Copy is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

Articles of Amendment to Articles of Incorporation of

Richard Ferkich, Inc.					
(Name of Corporation as	currently filed with the Flo	rida Dept. of State)			
477220					
(Documen	nt Number of Corporation (if l	(nown)			
Pursuant to the provisions of section 607 its Articles of Incorporation:	1006, Florida Statutes, this F	lorida Profit Corporation ado	pts the following a	mendm	ent(s)
A. If amending name, enter the new na	me of the corporation:				
n/a			TI	ie nev	v
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp," "Inc," or "C	o". A professional corporati	ated" or the abbr	eviatio	n
B. Enter new principal office address,	if applicable:	n/a	;- ;-	ಪ	
(Principal office address MUST BE A S			3.5	S	
				<i>≒</i>	1
			1 ec.	7	
C. Enter new mailing address, if appli		n/a	F (2)	2	
(Mailing address <u>MAY BE A POST</u>	OFFICE BOX)		20 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<i>پ</i> پ	
			<u>,. • </u>	Ñ	
D. If amending the registered agent an new registered agent and/or the new		ss in Florida, enter the name	of the		
Name of New Registered Agent	n/a				
	(Florida stree	t address)			
New Registered Office Address:		, Florida			
	(City)		(Zip Code)		
New Registered Agent's Signature, if c	hanging Registered Agent:				
I hereby accept the appointment as regist		th and accept the obligations	of the position.		
	-				
Si	anature of New Registered Ap	ent 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	<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) Change	ST	Ola M. Wright	1006 State Street
Add		-	Oldsmar, FL 34677
Remove			
2)Change	ST	Richard F. Ferkich, Sr.	P.O. Box 225
Add			Oldsmar, FL 34677
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. <u>If a</u> Att:	mending or adding additional Articles, enter change(s) here: ach additional sheets, if necessary). (Be specific)
n/a	
. If a	n amendment provides for an exchange, reclassification, or cancellation of issued shares,
pr	ovisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)
n/a	(y not applicable, thatcare to A)

The date of each amendment(s) a date this document was signed.	doption:	, if other than the
`Effective date if applicable:		
	(no more than 90 days after amendment file date)	_
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were ad by the shareholders was/were so	opted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval.	
	proved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s):	
"The number of votes case	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
•	(voting group)	
action was not required. Dated Octobe	ella K. Count of Julied, Sr. For C:chapo director, president or other officer – if directors or officers have not been	F.Ferkich, SR.A.
	ed, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)	President.
	Richard F. Ferkich, Sr.	
	(Typed or printed name of person signing)	
	President	
	JOHN SELLAS Notary Public - State of Florida My Commission & EF 883318 Bonded Through National Notary E	