| (Requestor's Name)                      |
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| PICK-UP WAIT MAIL                       |
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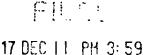
## **COVER LETTER**

TO: Amendment Section
Division of Corporations

| LAKE WEIR CHAN   | ABER OF COMMER   | CE  |  |
|--|--|---|--|
| 764743<br>DOCUMENT NUMBER:   |  |   |  |
| The enclosed Articles of Amendment and fee are subr  |  |   |  |
| Please return all correspondence concerning this matte   | er to the following:   |   |  |
| DOROTHY GARNER (TREASURER)   |  |   |  |
|  | (Name of Contact Per   | rson)   |  |
| LAKE WEIR CHAMBER OF COMMERCE  |  |   |  |
|  | (Firm/ Company   | )   |  |
| 13125 SE C-25  |  |   |  |
|  | (Address)  |   | ·· ···   |
| OCKLAWAHA FL. 32179  |  |   | •  |
|  | (City/ State and Zip C   | lode)   |  |
| danny@shimasakidevelopment.com   |  |   |  |
| E-mail address: (to be used  | for future annual repo   | ort notification  | )  |
| For further information concerning this matter, please   | cull:  |   |  |
| DAN SHIMASAKI (PRESIDENT)  | at   | 352   | 361-4947   |
| (Name of Contact Person  | )  | (Area Code)   | (Daytime Telephone Number)                                       |
| Enclosed is a check for the following amount made pa   | yable to the Florida D   | epartment of S  | State:   |
| ■ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status                                      | □\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | Certifi<br>Certifi  | Filing Fee<br>cate of Status<br>ed Copy<br>ional Copy is<br>sed) |
| Mailing Address  Amendment Section  Division of Corporations  P.O. Box 6327  Tallahassee, FL 32314 | Am<br>Div<br>Clit  | eet Address<br>endment Section<br>ision of Corpotion Building<br>1 Executive Co | rations  |

Tallahassee, FL 32301

## Articles of Amendment Articles of Incorporation of



(Name of Corporation as currently filed with the Florida Depterof State) 764743 (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: N/A 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. N/A B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: N/A (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:

LAKE WEIR CHAMBER OF COMMERCE

DOROTHY GARNER - TREASURER

1505 GRIFFIN RD. LEESBURG FL. 34748

(Florida street address)

New Registered Office Address:

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 <math>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 | <u>V</u> <u>Mik</u> | n Doe<br>e Jones<br>v Smith |                      |
|----------------------------------|---------------------|-----------------------------|----------------------|
| Type of Action<br>(Check One)    | <u>Title</u>        | <u>Name</u>                 | <u>Addres</u> s      |
| 1) Change                        | Т                   | AYOTTE ERNEST               | 12130 SE 135 AVE     |
| Add                              |                     |                             | OCKLAWAHA FL 32179   |
| X Remove                         |                     |                             |                      |
| 2) Change                        | т                   | DOROTHY GARNER              | 1505 GRIFFIN RD      |
| X Add                            |                     |                             | LEESBURG FL 34748    |
| Remove                           | P                   | SHIMASAKI DANIEL            | 247 PALM AVE         |
| 3) X Change                      | ·                   |                             | CENTER HILL FL 33514 |
| Add<br>Remove                    |                     |                             |                      |
| 4) Change                        |                     |                             |                      |
| Add                              |                     |                             |                      |
| Remove                           |                     |                             |                      |
| 5) Change                        |                     |                             |                      |
| Add                              |                     |                             |                      |
| Remove                           |                     |                             |                      |
| 6) Change                        |                     |                             |                      |
| Add                              |                     |                             |                      |
| Remove                           |                     |                             |                      |

| amending or adding additional Arti<br>ttach additional sheets, if necessary). | (Be specific) |
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| 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)  |                     |
| Note: If the date inserted in this bl<br>document's effective date on the D | ock does not meet the applicable statutory filing requirements, this date will not epartment of State's records.  | be listed as the    |
| Adoption of Amendment(s)  | ( <u>CHECK ONE</u> )  |                     |
| The amendment(s) was/were a was/were sufficient for approx                  | adopted by the members and the number of votes cast for the amendment(s) val.   |                     |
| ☐ There are no members or men adopted by the board of direct                | obers entitled to vote on the amendment(s). The amendment(s) was/were tors.   |                     |
| Dated   |   |                     |
| Signature DA  | Shimasaki   |                     |
| (By the cha   | irman or vice chairman of the board, president or other officer-if directors een selected, by an incorporator – if in the hands of a receiver, trustee, or appointed liduciary by that fiduciary) |                     |
| DANIE   | EL SHIMASAKI  |                     |
|   | (Typed or printed name of person signing)   |                     |
| PRESI   | DENT  |                     |
| -   | (Title of person signing)   |                     |

| The date          | te of each amer<br>s document was   | idment(s) add<br>signed,          | option:  | , if other than the  |
|-------------------|-------------------------------------|-----------------------------------|--|----------------------|
| Effectiv          | ve date <u>if appli</u>             | cable:                            |  |                      |
|                   |                                     |                                   | (no more than 90 days after amendment file date)   |                      |
| Note: I<br>docume | f the date insertent's effective da | ed in this bloc<br>ite ол the Dep | ck does not meet the applicable statutory filing requirements, this date will artment of State's records.  | not be listed as the |
| Adoptic           | on of Amendm                        | ent(s)                            | (CHECK ONE)  |                      |
| The               | e amendment(s)<br>s/were sufficien  | was/were ado<br>t for approval    | opted by the members and the number of votes cast for the amendment(s)   |                      |
| ☐ The             | ere are no memi<br>opted by the bo  | bers or membe<br>ard of director  | ers entitled to vote on the amendment(s). The amendment(s) was/were is.  |                      |
|                   | Dated                               | 12/7/2017                         | <del></del>  |                      |
|                   | Signature                           | DR                                | Shimasaki  |                      |
|                   |                                     | have not been                     | nan or vice chairman of the board, president or other officer-if directors is selected, by an incorporator – if in the hands of a receiver, trustee, or oppointed fiduciary by that fiduciary) |                      |
|                   |                                     | DANIEL S                          | SHIMASAKI  |                      |
|                   |                                     |                                   | (Typed or printed name of person signing)  |                      |
|                   |                                     | PRESIDE                           | NT   |                      |
|                   |                                     | <del></del>                       | (Title of person signing)  |                      |