F00361

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2018 SEP 19 AMII: 53
SECRETARY OF STATE

C. GOLDEN SEP 2.1 2018

COVER LETTER

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: MerryMeeting, Inc DOCUMENT NUMBER: F06361 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Sarah E Burns Name of Contact Person MerryMeeting, Inc Firm/ Company 36809 Missouri Ave Address Dade City FL 33523 City/ State and Zip Code sallyburns2003@yahoo.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Gregg A Lynch at (352) 567-5618

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: \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filling Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy 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

FILED

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/ lerry / leetin	g Inc.		SECRETARY OF OT
(<u>Name o</u> F06361	of Corporation as currently	y filed with the Florida Dept. of	(State) TALLAHASSEE, F
		<u> </u>	
	(Document Number of	Corporation (if known)	
Pursuant to the provisions of section 607. is Articles of Incorporation:	1006, Florida Statutes, this A	Florida Profit Corporation adop	ts the following amendment(s) t
A. If amending name, enter the new na	me of the corporation:		
		NA	The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp." "Inc," or "t	Co". A professional corporatio	ed" or the abbreviation
B. Enter new principal office address, Principal office address MUST BE A S			
	,		
C. Enter new mailing address, if appli (Mailing address <u>MAY BE A POST</u>)		NA	
D. If amending the registered agent an	d/or registered office addr	ess in Florida, enter the name o	of the
new registered agent and/or the new			<u></u>
Name of New Registered Agent	Sarah E Burns		
	36809 Missouri Ave, Dade	City FL 33523	
	(Florida stre	et address)	
New Registered Office Address:	(Florida stre	,	orida

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 Doc		
X Remove	V	Mike Jones		
<u>X</u> Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address	
1) Change	P	Nancy B Counihan	36809 Missouri Ave	
Add			Dade City FL 33523	
. x Remove				
2) Change	P	Sarah E Burns	36809 Missouri Ave	
XAdd			Dade City FL 33523	
Remove				
3) Change	VP	James Kevin Burns	6226 10th Ave S	
Add			Gulfport FL 33707	
Remove				
4) Change	S/T	Nicholas Patrick Burns	311 Rosebud Circle	
x Add			Franklin TN 37064	
Remove				
5) Change				
Add				
Remove			-	
6) Change				
Add				
Remove				

If amending or adding additional Artic Attach additional sheets, if necessary).	icles, enter change(s) here; (Be specific)
N/A	
If an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
provisions for implementing the amer (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
NA	

The date of each amendment(s) adoption:date this document was signed.	, if other than the
Effective date if applicable:	
(no more than 90 day	es after amendment file date)
Note: If the date inserted in this block does not meet the applicable document's effective date on the Department of State's records.	statutory filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The numby the shareholders was/were sufficient for approval.	aber of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through must be separately provided for each voting group entitled to vote.	voting groups. The following statement separately on the amendment(s):
"The number of votes east for the amendment(s) was/were suf	ficient for approval
by	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors with action was not required.	out shareholder action and shareholder
☐ The amendment(s) was/were adopted by the incorporators without s action was not required.	hareholder action and shareholder
Dated \$1016	ā <u>a</u>
Signature	
(By a director, president or other officer -	if directors or officers have not been
selected, by an incorporator – if in the han appointed fiduciary by that fiduciary	ds of a receiver, trustee, or other court
appointed indicate by that indicately	
(Typed or printed name	of person signing)
Kresident	
(Title of per	rson signing)