#39044

(Re	equestor's Name)	
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(Ci	ty/State/Zip/Phone	#)
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Michael C. Coppe	ola Jr. Inc.	
DOCUMENT NUM			
	of Amendment and fee are s	ubmitted for filing.	
Please return all corre	spondence concerning this ma	atter to the following:	
	Michael C. Coppola		
		Name of Contact Perso	on
	Michael C. Coppola Jr. Inc		
		Firm/ Company	
	PO Box 430437	, •	
		Address	
	Big Pine Key Fl. 33043		
		City/ State and Zip Coo	le
ıncop	polajr@gmail.com		/
		sed for future annual report	(notification)
For further information	n concerning this matter, pleas		,
Michael C. Coppola		at (<u>305</u>	747-8350
Name (of Contact Person	Area Co	ode & Daytime Telephone Number
Enclosed is a check fo	the following amount made	payable to the Florida Dep.	artment of State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□S43.75 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		Ameno Divisio Clifton	Address Iment Section on of Corporations Building executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

		of				
Michael C. Coppola, Jr., Inc.						
(<u>Name</u>	of Corporation as curre	ntly filed with the F	lorida Dept. of State)	<u> </u>	•	
H39044						
	(Document Number	r of Corporation (if k	nown)			
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006. Florida Statutes, th	nis <i>Florida Profit Con</i>	rporation adopts the fo	llowing a	mendn	nent(s) to
A. If amending name, enter the new n	ame of the corporation:					
		- -		T	he ne	Jt'
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	iation "Corp," "Inc," or	· "Co". A professio	or "incorporated" or nal corporation name	the abbi must coi	reviatio itain th	n ee
B. Enter new principal office address, (Principal office address <u>MUST BE A S</u>	if applicable: TREET ADDRESS)					
C. Enter new mailing address, if appl. (Mailing address MAY BE A POST) D. If amending the registered agent and new regi	<u>OFFICE BOX</u>) <u>d/or reg</u> istered office ad	dress in Florida, ent	ter the name of the		18 KOV 25 KM 25 &1	TE ED
new registered agent and/or the new		<u> </u>				
Name of New Registered Agent	Whenaer C. Coppola		<u> </u>			
	30870 Hammock Dr.					
		street address)				
New Registered Office Address:	Big Pine Key		, Florida 330	33043		
		(City)		(Zip Code)		
Name of New Registered Agent	Michael C. Coppola 30870 Hammock Dr. (Florida s Big Pine Key	street address) (Cuy)	, Florida	(Zip Cod	<u>e)</u>	

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	<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>	Address
1) Change	PST	Michael C. Coppola Jr.	30870 Hammock Dr
Add			Big Pine Key Florida
X Remove			33043
2) Change	PST	Michael C. Coppola	30870 Hammock Dr.
X Add			Big Pine Key Florida
Remove			33043
3) Change	_		
Add			
Remove			
4) Change			
Add			
Remove			
5) Change	. <u> </u>		
Add			
Remove			
6) Change			
Add		· -	
Remove			

E. <u>If amer</u> (Attach	nding or adding additional Articles, enter change(s) here: additional sheets, if necessary). (Be specific)
	· · ·
	are held by Michael C. Coppola this is a correction of name Michael C. Coppola Jr. Michael Coppola and
1icha t∤ C	. Coppola Jr. are one in the same person and from this day forward all documents shall bear the name
Aichael C	C. Coppola
-	
_	
lf an an	nendment provides for an exchange, reclassification, or cancellation of issued shares,
<u>provisi</u>	ions for implementing the amendment if not contained in the amendment itself:
(i)	not applicable, indicate N/A)
 -	
	

The date of each amendment(s) adoption: date this document was signed.	, if other than the
Effective date if applicable:	
(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 document's effective date on the Department of State's records.	not 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	
(voling 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	
Signature (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)	_
MICHAEC COPPOCA (Typed or printed name of person signing)	
PST (Title of person signing)	