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## **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION:	SEMANON	MC., INC.			
DOCUMENT NUMBER:	NO300000	2222			
The enclosed Articles of Amend	Iment and fee are submit	ted for filing.			
Please return all correspondence	concerning this matter	o the following:			
	DA	VID GUNTER			
	(1)	Name of Contact Po	erson)		
	SEM	ANON MC., INC.			
		(Firm/ Company	······································		
	95	341 ELLIS ST			
		(Address)	<del> </del>		<del></del>
	NEW P	ORT RICHEY, FI	34654		
		City/ State and Zip			
	Roc	kinRita06@yahoo.	com		
E-ma	ail address: (to be used for	•		on)	
For further information concern	ing this matter, please ca	<b>11</b> :			
david gunter		at	727	856-9955	
(Na	ame of Contact Person)		(Area Code)	(Daytime Telephone	Number)
Enclosed is a check for the follo	wing amount made paya	ble to the Florida I	Department of	f State:	
■ \$35 Filing Fee	l\$43.75 Filing Fee & □ Certificate of Status	S43.75 Filing Fee Certified Copy (Additional copy i enclosed)	Cert s Cert (Add	50 Filing Fee ificate of Status ified Copy litional Copy is losed)	
Mailing Add	ress	St	reet Address		

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 of

FILED
2018 NOV 20 PM 3: 18

SEMANON MC., INC.		SECOND PH 3: 1		
(Name of Corporation as	currently filed with the Florid			
	000002222	a Dept. of State LAHASSEE, FI		
(Documen	t Number of Corporation (if kno			
Pursuant to the provisions of section 617.1006, Florida amendment(s) to its Articles of Incorporation:	a Statutes, this <i>Florida Not For I</i>	Profit Corporation adopts the following		
A. If amending name, enter the new name of the co	orporation:			
N/A (not appli	icable)	The new		
name must be distinguishable and contain the word "c "Company" or "Co." may not be used in the name.	corporation" or "incorporated"			
B. Enter new principal office address, if applicable	N/A (	not applicable)		
(Principal office address <u>MUST BE A STREET ADL</u>				
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	10926 BOU	JNTY STREET		
	NEW POR	NEW PORT RICHEY, FL. 34654-3031		
D. If amending the registered agent and/or register new registered agent and/or the new registered	red office address in Florida, e	nter the name of the		
Name of New Registered Agent:	N/A (same Register	ed Agent)		
	649 EAST TARPON AVENUE			
<del>-</del>	(Florida street address)			
New Registered Office Address:	TARPON SPRINGS	, Florida 34689		
_	(City)	(Zip Code)		
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent.		e obligations of the position.		
	Signature of New Register	red 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 X Remove X Add	<u>V</u> <u>Mi</u>	nn Doc ke Jones Ily Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	CEO	DAVID GUNTER	10926 BOUNTY ST
X Add			NEW PORT RICHEY
Remove			FL. 34654-3031
2) Change	CEO	DOMINICK MARCHICA SR.	8318 OLD TOWN DR
Add			TAMPA, FL. 33647
X Remove			
3) X Change	Ð	JAMES E. CURRY	4783 ACROSS FIELD COURT
Add			MAIDEN, NC. 28650
Remove			
4) Change	<u>.</u>		
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			****
Remove			

additional sheets,	if necessa	ry). (Be specific)		
	N/A	(NO CHANGES)		
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N/A (not applicable)	
The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
N/A (not applicable)	
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 v document's effective date on the Department of State's records.	vill not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(was/were sufficient for approval.	(s)
There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.	
November 01, 2018 Dated	
Q.101 x	
Signature Vand Hunter	
(By the chairman or vice chairman of the board, president or other officer-if director	5
have not been selected, by an incorporator - if in the hands of a receiver, trustee, or	
other court appointed fiduciary by that fiduciary)	
DAVID GUNTER	
(Typed or printed name of person signing)	
Chief Executive Officer	
(Title of person signing)	