N11000006483

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



900261297359

06/17/14--01020--021 **35.00

ONVISION OF CORPORATIONS

C. LEWIS JUL 1 2014 EXMINITER

COVER LETTER

Division of Corporations	•
NAME OF CORPORATION: Sombre & Mahogane	of Florida Inc
DOCUMENT NUMBER: 11000006483	
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Shandra Johnson-Pete (Name of Contact Person)	RSIN
Sombre & Mahogany of Florid (Firm/ Company)	da Inc.
4591 Jan Mellina DR (Address)	
Coconut CRESIC, FL 33073 (City/State and Zip Code)	
PPZ for antion and companies of the comp	tification)
For further information concerning this matter, please call:	
Shandra Johnson-Peterson (950) (Name of Contact Person) (Area Cod	532 - 6666 e & Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Florida Depart	ment of State:
\$35 Filing Fee \$\text{Certificate of Status}\$ \$43.75 Filing Fee \$\text{Certified Copy}\$ (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)
Mailing Address Street A	<u>ddress</u>

Mailing Address
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation 1/000<u>00</u> (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: name must be distinguishable and contain the word "corporation "Company" or "Co." may not be used in the name. B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS C. Enter new mailing address, if applicable: (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: 40 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

Page 1 of 4

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	PT John Do V Mike Jo SV Sally S	ones	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	 		
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)					
			• • • • • • • • • • • • • • • • • • • •		
· · · · · · · · · · · · · · · · · ·					
					
· · · · · · · · · · · · · · · · · · ·					
					
· · · · · · · · · · · · · · · · · · ·					

The date of each amendment(s) ad date this document was signed.	loption:	, if other than the
Effective date <u>if applicable</u> :		
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were ac was/were sufficient for approve	lopted by the members and the number of votes cast for the amendment(s) al.	
There are no members or meml adopted by the board of director	pers entitled to vote on the amendment(s). The amendment(s) was/were ors.	
Dated OU	01-14	
Signature	fes de	
	man or vice chairman of the board, president or other officer-if directors en selected, by an incorporator – if in the hands of a receiver, trustee, or	- 9W.
	appointed fiduciary by that fiduciary)	
Shano	Ver Peterion	SON OF CO
	(Typed or printed name of person signing)	PR SP
	President	OR AT
	(Title of person signing)	ယ္ ခ်က်