

N14000006252

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

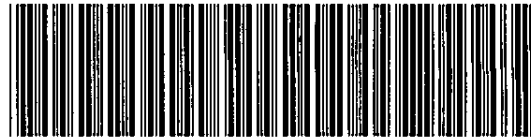
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14 NOV 20 AM 10:44

FILED

Amend.

11-21-14

DC



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 10, 2014

CHRISTINE COURY
GREENWAY PTO INC
4 PECAN RUN LANE
OCALA, FL 34472

SUBJECT: GREENWAY PTO INC
Ref. Number: N14000006252

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The date of adoption of each amendment must be included in the document.

The document must have original signatures.

The name and title of the person signing the document must be noted beneath or opposite the signature.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Darlene Connell
Regulatory Specialist III

Letter Number: 414A00023996

RECEIVED
14 NOV 20 PM 1:59

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: **Greenway PTO, Inc.**

DOCUMENT NUMBER: **N14000006252**

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Christine Coury

(Name of Contact Person)

Greenway PTO, Inc.

(Firm/ Company)

4 Pecan Run Lane

(Address)

Ocala, FL 34472

(City/ State and Zip Code)

ccnfc@embarqmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Christine Coury

(Name of Contact Person)

at **352 361-7665**

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$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

Street Address

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

Articles of Amendment
to
Articles of Incorporation
of

Greenwau PTO, Inc.

(Name of Corporation as currently filed with the Florida Dept. of State)

N14000006252

(Document Number of Corporation (if known))

FILED
T4 NOV 20 AM 10:44

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

The new 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.

B. Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

N/A

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

N/A

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:

N/A

(Florida street address)

New Registered Office Address:

(City)

, Florida

(Zip Code)

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

(Attach additional sheets, if necessary)

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.

Example:

Title**Address**

P

Karen Glass

9 Fir Trail Way

Ocala, FL 34472

Add

Remove

T

Christine Coury

4 Pecan Run Lane

Ocala, FL 34472

Add

Remove

VP

Camille Dwarika

18 Maple Run Ct

Ocala, FL 34472

X Add

Remove

S

Cecilia Buchanan

2205 SE 14th Ave

#20

X Add

Remove

Ocala, FL 34472

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[illegible]

Add

Remove

•

Add

Remove

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

N/A

The date of each amendment(s) adoption: 10/31/14, if other than the date this document was signed.

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

- ☒ The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.
- ☐ There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated

11/17/14

Signature

Christine Coury

(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Christine Coury

(Typed or printed name of person signing)

Treasurer

(Title of person signing)