## N14000000052

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## **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Greenway	y PTO, In	C
DOCUMENT NUMBER: N1400006	252	
The enclosed Articles of Amendment and fee are subr	nitted for filing.	
Please return all correspondence concerning this matte	er to the following:	
Christine Coury		
	(Name of Contact Pe	rson)
Greenway PTO, Inc.		
	(Firm/ Company	)
207 Midway Rd		
	(Address)	
Ocala, FL 34472		
****	(City/ State and Zip C	Code)
ccnfc@embarqm		
E-mail address: (to be used	for future annual rep	ort notification)
For further information concerning this matter, please	call:	
Christine Coury	352	,361-7665
(Name of Contact Person)	(Are:	a Code & Daytime Telephone Number)
Enclosed is a check for the following amount made pa	yable to the Florida D	epartment of State:
■ \$35 Filing Fee  \$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee of Certified Copy (Additional copy is enclosed)	Certificate of Status
Mailing Address Amendment Section		eet Address endment Section
Division of Corporations	Division of Corporations	
P.O. Box 6327 Tallahassee, FL 32314		ton Building 1 Executive Center Circle

Tallahassee, FL 32301

## **Articles of Amendment Articles of Incorporation**

Gr	eei	าพ	ay	PT	О,	inc.

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

N14000006252

(Document Number of Corporation (if known)

2015 MOY 16 PM 3:02 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:

N/A		The ne
name must be distinguishable and contain the word "corpor "Company" or "Co." may not be used in the name.	ration" or "incorporated" or the abbreviation "Corp.'	' or "Inc.
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRES</u> )	N/A <u>s</u> )	_
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	<u> </u>
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office		
Name of New Registered Agent: N/A	. nauress.	
New Registered Office Address:	(Florida street address)	
	, Florida	
(Cit	y) (Zip Cod	te)
New Registered Agent's Signature, if changing Registere I hereby accept the appointment as registered agent. I am J		
Signature of Ne	w 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	<u>V</u> <u>Mi</u>	nn Doe ke Jones ly Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	VP_	Brianne Caraway	54 Redwood Rd
X Add			Ocala, FL 34472
Remove			
2) Change	<u>s</u>	Sara Stewart	11 Hemlock Circle Terrace
X Add			Ocala, FL 34472
Remove	\/D	Comillo Durarika	19 Manla Dun Ct
3) Change	<u>VP</u>	Camille Dwarika	18 Maple Run Ct Ocala, FL 34472
X Remove			00010, 7 2 0 4 7 2
4) Change	S	Cecilia Buchanan	2205 SE 14th Ave
Add	<del>.</del>		#20
X Remove			Ocala, FL 34472
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional (attach additional sheets, if necessa	ıry). (Be speci	fic)			
/^					
/A					
<del></del>					
	<del></del>				
				• • • •	
			***************************************		
				•	
<del></del>					

The date of each amendmen	t(s) adoption: <u>09/04/15</u>	, if other than the
date this document was signed  Effective date if applicable:	09/04/15	
energy date <u>is apprentice</u> .	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/was/were sufficient for a	vere adopted by the members and the number of votes cast for the amendment(s) oproval.	
There are no members or adopted by the board of	members entitled to vote on the amendment(s). The amendment(s) was/were directors.	
Dated 9/4 Signature	115 hristing Torres	
(By the	e chairman or vice chairman of the board, president or other officer-if directors not been selected, by an incorporator – if in the hands of a receiver, trustee, or court appointed fiduciary by that fiduciary)	
Christi	ne Coury	
	(Typed or printed name of person signing)	
Treasu	rer	
	(Title of person signing)	