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COVER LETTER

TO: Amendment Section Division of Corporations Greenway PTO, Inc. NAME OF CORPORATION 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) Enclosed is a check for the following amount made payable to the Florida Department of State: ■ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy (Additional Copy is enclosed) 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

Greenway PTO, Inc.		
(Name of Corporation as currently filed with the F	lorida Dept. of State)	
N1400006252		
(Document Number of C	Corporation (if known)	
Pursuant to the provisions of section 617.1006, Florida Statu amendment(s) to its Articles of Incorporation:	tes, this <i>Florida Not For Profit Corpor</i>	ation adopts the following
A. If amending name, enter the new name of the corpora	ition:	
N/A		The new
name must be distinguishable and contain the word "corpor" "Company" or "Co." may not be used in the name.		viation "Corp." or "Inc."
B. Enter new principal office address, if applicable:	N/A	
(Principal office address MUST BE A STREET ADDRESS	3)	
		-11 6
		
C. Enter new mailing address, if applicable:	N/A	SEP 26 PH
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	14// 1	P 26 PH 4: 09
		<u> </u>
D. If amending the registered agent and/or registered of	Gooddwee in Florida antar the nam	S S
new registered agent and/or the new registered office		e of the
Name of New Registered Agent: N/A		
New Registered Office Address:	(Florida street address)	
(City	, Florida,	(Zip Code)
Name Desirational Assert's Cinemature (following Desiration	d Agants	•
New Registered Agent's Signature, if changing Registere I hereby accept the appointment as registered agent. I am J	u Agent: Camiliar with and accept the obligations	of the position.
Signature of Nev	v 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>Mil</u>	n <u>Doe</u> ke <u>Jones</u> ly <u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	VP	Tiffany Burdette	162 Pecan Dr
X			Ocala, FL 34472
Remove			
2) Change	<u>VP</u>	Samatha D Nelson	311 Oak Trak Trail
Add			Ocala, FL 34472
X Remove			
3) Change			
Add Remove			
4) Change			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Art	icles, enter change(s) here:	
(attach additional sheets, if necessary).	(Be specific)	
N1/A		
N/A		
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Γhe	date of each amendment(s) adoption:	, if other than the
	this document was signed.	
Eff	ective date if applicable:	
	(no more than 90) days after amendment file date)	
Add	option 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 09/23/2018	
	Signature Mustine Civus	
	(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)	