N15000005833

| (Re | equestor's Name) | |
|-------------------------|--------------------|-------------|
| (Ad | ldress) | |
| (Ac | ldress) | |
| (Cit | ty/State/Zip/Phon | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Ви | ısiness Entity Nar | me) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificate | s of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



07/14/15--01021--012 **43.75

AUG 4 2015 C LEWIS

TO: Amendment Section Division of Corporations **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: (Firm/ Company) Imperline Rd. leston FL. 33327 Restoration Vine 323 @ gmail. Com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 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

Certified Copy

enclosed)

(Additional copy is

Mailing Address

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

Certificate of Status

Street Address

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

Certificate of Status Certified Copy

(Additional Copy is

Enclosed)



July 16, 2015

OCTAVIA TRIMM 1919 TIMBERLINE RD WESTON, FL 33327 US

SUBJECT: PHOENIX VINE INC. Ref. Number: N15000005833

We have received your document for PHOENIX VINE INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must complete the entire form. Even if you are not changing anything on that page we still need it. You have to fill out the 4th page and sign the document. It must be signed by an officer/director. Please correct your document accordingly.

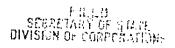
If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 715A00014956

Carolyn Lewis Regulatory Specialist II

www.sunbiz.org

Articles of Amendment to Articles of Incorporation of



15 JUL 31 AM 9: 16

| PHOENIX VINE INC. | | |
|---|--|---|
| (Name of Corporation as | currently filed with the Flor | ida Dept. of State) |
| N15000005833 | | |
| (Document | Number of Corporation (if kr | nown) |
| Pursuant to the provisions of section 617.1006, Florida amendment(s) to its Articles of Incorporation: | Statutes, this Florida Not Foo | r Profit Corporation adopts the following |
| A. If amending name, enter the new name of the co | rporation: | |
| RESTORATION VINE INC. | | The new |
| name must be distinguishable and contain the word "co "Company" or "Co." may not be used in the name | orporation" or "incorporated | |
| B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADD. | | |
| C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BO)</u> | X) | |
| D. If amending the registered agent and/or registered new registered agent and/or the new registered of | ed office address in Florida, office address: | enter the name of the |
| Name of New Registered Agent: | - | |
| New Registered Office Address: | (Florida street address) | |
| | | , Florida |
| | (City) | (Zip Code) |
| New Registered Agent's Signature, if changing Regit hereby accept the appointment as registered agent. | | the obligations of the position. |
| | Signature of New Registe | ored 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>PT</u> <u>V</u> <u>SV</u> | John Do Mike Jo Sally St | <u>ones</u> | |
|----------------------------------|------------------------------------|--------------------------------|-------------|-------------|
| 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 | | | | |

| f amending or adding additional Arti ttach additional sheets, if necessary). | (Be specific) |
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| The date of each amendment(s) ad | loption: | FILTEL, if other than the |
|---|--|--|
| late this document was signed. | | SERRETARY OF STARL DIVISION OF CORPORATIONS |
| Effective date <u>if applicable</u> : | | |
| | (no more than 90 days after amendment file date) | 15 JUL 31 AM 9: 16 |
| Note: If the date inserted in this blo document's effective date on the De | ck does not meet the applicable statutory filing requirement partment of State's records. | s, this date will not be listed as the |
| Adoption of Amendment(s) | (CHECK-ONE), | |
| The amendment(s) was/were ac was/were sufficient for approva | dopted by the members and the number of votes cast for the al. | amendment(s) |
| There are no members or members adopted by the board of directors | pers entitled to vote on the amendment(s). The amendment ors. | (s) was/were |
| Dated | July 29, 2015 | |
| Signature | Octorio Tremm | , |
| have not be | man or vice chairman of the board, president or other office en selected, by an incorporator — if in the hands of a receive appointed fiduciary by that fiduciary) | |
| | Octavia Trimi (Typed or printed name of person signing) | 7 |
| | President | |
| | (<u>Title_of:person signing</u>) | |