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R. WHITE



## COVER LETTER

Division of Corporations LOUE WELL, INC. NAME OF CORPORATION: DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: MIKE MATHENY
(Name of Contact Person) LOUE WEEK 4216 LANDS END CN. LEESBURG, FL 34748 LOUE WEELL & GMAIL. COM
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: MIKE MATHERY at 352 636 3832 (Area Code) (Daytime Telephone Number) Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee \$\Bigcup \\$43.75 Filing Fee & B43.75 Filing Fee & Certificate of Status Certified Copy □\$52.50 Filing Fee Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is

**Mailing Address** 

TO: Amendment Section

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

Enclosed)

## Articles of Amendment

to

FILED

	Articles of In-	corporation	17 AUG 2	5 AM 9: 32
Love l			THE STATE OF	
(Name of Corporation	as currently file	ed with the Flor	ida Dept. of S	late)
$\mathcal{N}^{i}$	400000	06274		
(Docur	nent Number of C	Corporation (if k	nown)	
Pursuant to the provisions of section 617.1006, Floamendment(s) to its Articles of Incorporation:  A. If amending name, enter the new name of the		Florida Not Fo	or Profit Corpoi	ration adopts the following
name must he distinguishable and contain the word "Company" or "Co." may not be used in the nam		or "incorporated	d" or the abbre	The new viation "Corp." or "Inc."
B. Enter new principal office address, if applica	ıble:			
(Principal office address <u>MUST BE A STREET A</u>				
				<del></del>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u>BOX</u> )			
		<del> </del>		
D. If amending the registered agent and/or registered agent and/or the new register			enter the nam	e of the
Name of New Registered Agent:				
		(F	lorida street addre.	
New Registered Office Address:	:			
			<del></del>	, Florida
	(Ci	ty)		(Zip Code)
New Registered Agent's Signature, if changing I	Registered Agen	t:		
I hereby accept the appointment as registered agen			the obligation:	s of the position.

Signature of New Registered 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: XChange X Remove X Add	PT         John De           V         Mike Jo           SV         Sally Sr	<u>nes</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	<u>T</u>	DAVID MILLER	25900 U.S. HWY 27 LEESBURG. FL 34748
Remove			
2) Change Add		BOB SHEE	1585 BULLBERRY PL. THE VICLAGE, FL 32163
Remove 3 ) Change Add	<u>S</u>	STEVE YATES	1335 MARSHALL DR LEESBURG, FL 34748
2 Remove 4) Change 2 Add	<u>S</u>	G. WALLACE MEYER	21327 POYAL STREET GEORGE CANG
Remove			LEESBURG, FC 34748
5) Change	<u> </u>		
Remove			
6) Change			
Add			
Kemove			

If amending or adding a attach additional sheets,	if necessary). (E	Be specific)	<del></del>			
10.00						
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The date of each amendment(s) ad late this document was signed.	option:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
<b>Note:</b> If the date inserted in this blo document's effective date on the De	ck does not meet the applicable statutory filing requirements, this date partment of State's records.	will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were ac was/were sufficient for approva	lopted by the members and the number of votes cast for the amendment.	u(s)
There are no members or members adopted by the board of directors	pers entitled to vote on the amendment(s). The amendment(s) was/we ors.	re
Dated Aug	5UST 15,2017	
Signature	// LE // LE	
have not be	man or vice chairman of the board, president or other officer-if direct on selected, by an incorporator – if in the hands of a receiver, trustee, appointed fiduciary by that fiduciary)	
	MIKE MATHENY	_
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	_