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COVER LETTER

TO: Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations				
NAME OF CORPORATION: Free port M	erchants association INC.			
•				
DOCUMENT NUMBER: N1800000	X 0 1 - 1			
The enclosed Articles of Amendment and fee are submitted	d for filing.			
Please return all correspondence concerning this matter to t	the following:			
Valerie DiMaga	ne of Contact Person)			
UNA	ne of Contact Person)			
PNB Bank	(Firm/ Company)			
	(Firm/ Company)			
15835 33	1 Business			
	(Address)			
Free	Port FL复 32439 (State and Zip Code)			
\ (Cit)	/ State and Zip Code)			
Valeriendinaggi	ob amail. com uture annual report notification)			
For further information concerning this matter, please call:	and annually sometimes of the second			
,	at 229-520-7214 (Area Code) (Daytime Telephone Number)			
(Name of ConfactPerson)	(Area Code) (Daytime Telephone Number)			
Enclosed is a check for the following amount made payable	e to the Florida Department of State:			
	3.75 Filing Fee & Status Certified Copy (Additional Copy is nelosed) Status Certified Copy (Additional Copy is Enclosed)			
Mailing Address	Street Address			
Amendment Section Amendment Section				
Division of Corporations Division of Corporations				

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

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Articles of Amendment to Articles of Incorporation

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of				
(Name of Corporation as currently filed with the Florida Dept. of State)				
(Document Number of Corporation (if known)				
Pursuant to the provisions of section 617.1006, Florida Statutes, this <i>Florida Not For Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:				
A. If amending name, enter the new name of the corporation: 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) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)				
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:				
New Registered Office Address: (City) (Florida stree address) (Florida				
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				
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>Mik</u>	n Doe te Jones y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change Add Remove	<u>T</u>	Volenie Sophia	145 Mango LN. Freeport, FL 32439
2) Change Add		Valerie DiMaggio	145 Mango LN Freeport FL 32439
Change Add Remove	<u>\</u>	Pick Gonzalez	542 Bright Gove Freepor + FL 32439
4) Change Add Remove	<u> </u>	Rick Gonzalez	542 Brighton Cove Freeport FL 32439
5) Change Add Remove			MA
6) Change Add Kemove			

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The date of each amendment(s) adoption:	3 28	2018	, if other than th
Effective date <u>if applicable</u> :	3 28 nore than 90 days t	2018 after amendment file d	ate)
Note: If the date inserted in this block does not document's effective date on the Department of		e statutory filing requi	rements, this date will not be listed as the
Adoption of Amendment(s) (CH	IECK ONE		
The amendment(s) was/were adopted by the was/were sufficient for approval.	e members and the	number of votes cast	for the amendment(s)
There are no members or members entitled adopted by the board of directors.	to vote on the amo	endment(s). The amen	dment(s) was/were
Dated 3 28 26	016		
Signature	7-		
(By the chairman or vice have not been selected, other court appointed fi	by an incorporator	- if in the hands of a r	r officer-if directors eceiver, trustee, or
Ride	Gonzala		·
Resid	Typed or print	ed name of person sigr	ung)
	(Tit)	e of person signing)	·