Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : GARY, DYTRYCH & RYAN, P.A.

Account Number : I19990000255

Phone

: (561)844-3700

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**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email	Address:		

COR AMND/RESTATE/CORRECT OR O/D RESIGN SOUTH FLORIDA RUTHLESS, INC.

Certificate of Status	0
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Page Count	04
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September 4, 2018

FLORIDA DEPARTMENT OF STATE

Division of Corporations

SOUTH FLORIDA RUTHLESS, INC. 362 W RIVERSIDE DR TEQUESTA, FL 33469US

SUBJECT: SOUTH FLORIDA RUTHLESS, INC.

REF: N18000006425

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document you submitted has been prepared pursuant to profit statutes (chapter 607, Florida Statutes). As the entity was originally filed as a nonprofit corporation, this document should be filed pursuant to chapter 617, Florida Statutes.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Susan Tallent FAX Aud. #: E18000255737 Regulatory Specialist II Letter Number: 118A00018247 . .

Articles of Amendment to Articles of Incorporation of

	QT .	
OUTH FLORIDA RUTHLESS, INC.		
(Name of Corporation as c	urrently filed with the Florida Dept. of State)	
V18000006425		
(Document)	Number of Corporation (if known)	
ursuant to the provisions of section 617.1006, Florida S nendment(s) to its Articles of Incorporation:	Statutes, this Florida Not For Profit Corporation adopts the following	;
If amending name, enter the new name of the corp	poration:	
	The new	
ame must be distinguishable and contain the word "co Company" or "Co." may not be used in the name.	rporation" or "incorporated" or the abbreviation "Corp." or "Inc."	
Enter new principa l office address, if applicable: rincipal office address <u>MUST BE A STREET ADDR</u>	RESS)	
		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	
		, <u></u>
. If amending the registered agent and/or registere	d office address in Florida, enter the name of the	23 1
new registered agent and/or the new registered of		1 1
Name of New Registered Agent:		
		. T
New Registered Office Address:	(Florida street address)	
<u></u>	, Florida	
	(City) Florida (Zip Code)	
ew Registered Agent's Signature, if changing Registereby accept the appointment as registered agent. 1	tered Agent: am familiar with and accept the obligations of the position.	
·		
	Signature of New Registered Agent, if changing	

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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 lly Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	D	CARL VINCENT	48 PINEHILL TRL W
Add			TEQUESTA, FL 33469
X Remove			
2) Change	D	CARRI VINCENT	86 PINEHILL TRL W
X Add			TEQUESTA, FL 33469
Remove			
3) Change			
Add			
Remove			
4)Change			
Add			
Remove			
5) Change			
Add			
Remove			
δ) Change			
Add			
Remove			

. If amending or adding additional Art. (attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
	·
·· · <u></u>	
· -··	
	

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... (((H18000233131 3)))

	date of each amendment(s) this document was signed.	doption:	if other than the
Effe	ctive date if applicable:		
		(no more than 90 days after amendment file da	ne)
	e: If the date inserted in this bunent's effective date on the L	lock does not meet the applicable statutory filing require epartment of State's records.	oments, this date will not be listed as the
Ado	ption of Amendment(s)	(CHECK ONE)	
	The amendment(s) was/were was/were sufficient for appro	adopted by the members and the number of votes east for val.	or the amendment(s)
Ħ	There are no members or me adopted by the board of dire	nbers entitled to vote on the amendment(s). The amend thors.	lmcni(s) was/wero
	DatedSeg	tember 6, 2018	
	Signature	221	
	have not	numan of vice chairman of the board, president or other seen selected, by an incorporator ~ if in the hands of a re it appointed fiduciary by that fiduciary)	
	Ro	bert D. Camerlinck	
		(T) ped or printed name of person sign	uing)
	P	resident	
	 -	(Title of person signing)	

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