## N18301

Office Use Only



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2022 AUG 13 FT 3: 2

amend

## **COVER LETTER**

TO: Amendment Section Division of Corporations 8301 DOCUMENT NUMBER: \_\_ The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Lowis J. GAHR
(Name of Contact Person) Vine Management, LLC 515 F Silver Soringe Blud - Suite 110
(Address) Cala FL 34470
(City/ State and Zip Code) E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Ouir J. Gahr at 352 812-8086 (Name of Contact Person) (Area Code) (Daytime Telephone Number) Enclosed is a check for the following amount made payable to the Florida Department of State: 20 S35 Filing Fee S43.75 Filing Fee & S43.75 Filing Fee & Certificate of Status Certified Copy □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional copy is (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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

(Name of Corporation as currently filed with the Florid	a Dept. of State)	
Doch Downs Condon	ninium Assac, Inc	11/8201
(Document Nur	nber of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Florida Stat amendment(s) to its Articles of Incorporation:	utes, this <i>Florida Not For Profit Corp</i> e	oration adopts the following
A. If amending name, enter the new name of the corpor	ration:	
ب	n la	The new
name must be distinguishable and contain the word "corpo "Company" or "Co." may not be used in the name.	ration" or "incorporated" or the abbr	eviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:		
(Principal office address <u>MUST BE A STREET ADDRES</u>	$\frac{n}{2}$	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
	<u> </u>	
		6-7
D. If amending the registered agent and/or registered of		me of the
new registered agent and/or the new registered office	e address:	
Name of New Registered Agent:		ယ
	n/a	1
New Registered Office Address:	(Florida street addre	
New Registerea Office Address.		12
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered		
I hereby accept the appointment as registered agent. I am	familiar with and accept the obligation	s of the position.
	Signature of New Registered Agent, if	

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	PT John D V Mike J SV Sally S	ones	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) R Change Add	P	Gerry Campbell	7972 Midway Dr Ter Ocala FL 34472
Remove  2) Change Add	P	Dave Paterson	7991 Midwy Dr Terr Exala FL 34472
Remove  Change  Add  Remove	VP	Ted Gammon	7817 Midway Dr Lecc Code FL 34472
4) Change Add			
Remove			
5) Change Add	<u> </u>		
Remove			
6) Change Add			
Remove			
E. <u>If amending or addin</u> (attach additional shee		icles, enter change(s) here: (Be specific)	

• • •		
		<del></del>
·		
	<del></del>	
	<del></del>	
The date of each amendment(s) adoption:date this document was signed.		, if other than the
Effective date if applicable: (no mor	5-7-22	
(no mor	e than 90 days after amendment file date)	
Note: If the date inserted in this block does not medocument's effective date on the Department of St		ents, this date will not be listed as the
Adoption of Amendment(s) (CHE	CK 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 dopted by the board of directors.
Dated 8-3-22
Signature \ /and I
(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)
(Typed or printed name of person signing)
Board President
` (Title of person signing)