

N23000012938

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

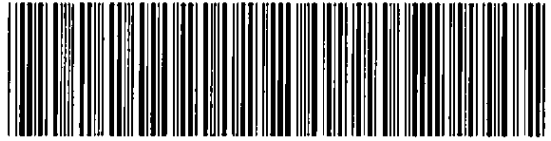
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer.

wrong form
copy

Office Use Only



500425213985

FILED
2024 AUG -7 AM 9:57
CLERK OF STATE
TALLAHASSEE, FL
08/06/24 --01009--01

me

ANNA KRYSINSKA

> 4255 ISLAND CIR APT B

> FORT MYERS, FL 33919

>

> SUBJECT: POLSKA PRZYSTAN, INC.

> Ref. Number: N23000012838

>

>

>

>

>

> We have received your document for POLSKA PRZYSTAN, INC. and your
> check(s) totaling \$35.00. However, the enclosed document has not been
> filed and is being returned for the following

> correction(s):

>

> The form you submitted is for a Florida profit corporation, but your
> entity is a Florida not for profit corporation. Please complete and
> return the enclosed blank form(s).

>

> 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.

>

> Morgan E Lovett

> Regulatory Specialist II Letter Number: 524A00006092

>

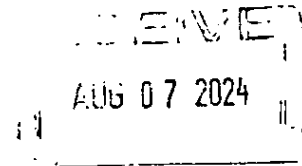
> https://urldefense.com/v3/__http://www.sunbiz.org__;!!EyxuBhUN!sPRRBcG

> RfWGEp3D_RvpEuRZSkewFlXfwSZxG1FPhJKw0r0DD0Yt9Lo2-pya_Qbrscsouxu_stcq

> GdzuValtzecQw\$ Division of Corporations - P.O. BOX 6327 -Tallahassee,

> Florida

> 32314



FILED
2024 AUG -7 AM 9:57
SECRETARY OF STATE
TALLAHASSEE, FL

WE HAVE NOT RECEIVED THE ORIGINAL
LETTER SINCE THE PO BOX WAS CLOSED
AND REGISTERED AGENT RESIGNED.

THANK YOU

letter
mar 21

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: POLSKA PRZYSTAN, INC

DOCUMENT NUMBER: N23000012838

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

ANNA KRYSIŃSKA

(Name of Contact Person)

POLSKA PRZYSTAN, INC

(Firm/ Company)

4255 ISLAND CIR. APT B

(Address)

FORT MYERS, FL 33919

(City/ State and Zip Code)

WISZNIEWSKAA@AOL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANNA KRYSIŃSKA

at

516

4298156

(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:

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy is
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

FILED
2024 AUG -7 AM 9:51
SECRETARY OF STATE
TALLAHASSEE FL

Articles of Amendment
to
Articles of Incorporation
of

POLSKA PRZYSTAN, INC

(Name of Corporation as currently filed with the Florida Dept. of State)

N23000012838

(Document Number of Corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

NA

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:

14049 HUNTER OAK DR

(Principal office address MUST BE A STREET ADDRESS)

MIROMAR LAKES FL 33913

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4255 ISLAND CIR, APT B

FORT MYERS, FL 33919

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:

Name of New Registered Agent:

ANNA KRYSINSKA

4255 ISLAND CIR, APTB FORT MYERS FL 33919

(Florida street address)

New Registered Office Address:

FORT MYERS

(City)

Florida 33919

(Zip Code)

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.

Anna Krynska

Signature of New Registered Agent, if changing

FILED
2024 AUG -7 AM 9:57
SECRETARY OF STATE
TALLAHASSEE, FL

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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

Type of Action (Check One)	Title	Name	Address
1) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>DIR</u>	<u>SYLVIA KUZDZIAL</u>	<u>7800 WOODLAND BEND CIR</u> <u>FORT MYERS, FL 33912</u>
2) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>DIR</u>	<u>IWONA KROL</u>	<u>3445 DONOSO CT</u> <u>NAPLES, FL 34109</u>
3) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>DIR</u>	<u>MAGDA BARTNICKA</u>	<u>359 BURNT PINE DR</u> <u>NAPLES, FL 34119</u>
4) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>DIR</u>	<u>MAGDA STOPYRA</u>	<u>2615 SCARLET WAY</u> <u>NAPLES, FL 34120</u>
5) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>DIR</u>	<u>MARTA BANSKI</u>	<u>1670 OAKES BLVD</u> <u>NAPLES, FL 34119</u>
6) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>DIR</u>	<u>ANNA KRYSINSKA</u>	<u>4255 ISLAND CIR, APT B</u> <u>FORT MYERS, FL 33919</u>

E. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary). (Be specific)

NA

FILED
2024 AUG -7 AM 9:51
SECRETARY OF STATE
TALLAHASSEE, FL

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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>DIR</u>	<u>EWA FILA</u>	<u>3344 CERRITO CT</u> <u>NAPLES, FL 34109</u>
2) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>DIR</u>	<u>DOROTA GAL</u>	<u>3845 HUELVA CT</u> <u>NAPLES, FL 34109</u>
3) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>CPD</u>	<u>SANDRA WALECKA</u>	<u>14049 HUNTER OAK DR</u> <u>MIROMAR LAKES, FL 33913</u>
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u> </u>	<u> </u>	<u> </u>
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u> </u>	<u> </u>	<u> </u>
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u> </u>	<u> </u>	<u> </u>

E. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary). (Be specific)

NA

FILED
2024 AUG -7 AM 9:57
SECRETARY OF STATE
TALLAHASSEE, FL

[illegible]

☐ 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 adopted by the board of directors.

* Dated 2/28/24

* Signature Anna Krysinisko
(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)

✓

ANNA KRYSINSKA
(Typed or printed name of person signing)

DST
(Title of person signing)

2024 AUG -7 AM 9:57
SECRETARY OF STATE
TALLAHASSEE, FL