(R	equestor's Name)			
(A	ddress)			
(A	ddress)			
(C	ity/State/Zip/Phone	#)		
PICK-UP	☐ WAIT	MAIL		
(B	usiness Entity Nam	e)		
(Document Number)				
Certified Copies	Certificates	of Status		
Special Instructions to Filing Officer:				





800321194998

11/30/18--01020--021 **35.00

R WHITE

DEC 0 0 2013

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: _	FINE AF	RT ON BRO	ADWAY, I	NC
DOCUMENT NUMBER:		_		
The enclosed Articles of Amenda				
Please return all correspondence of	concerning this matter	r to the following:		
·		^		
	2ha	Non E. Rap	rn e	
	((Name of Contact Perso)	n)	
		(5)		
		(Firm/ Company)		
	C	S410 NW 26 (Address)	LA.	
	-	(Address)		
	(SCALA, FL	34482	352.861.676
	,	(City/ State and Zip Cod	e)	352.861.676
E-mail		ONRAPONE C		
For further information concerning	g this matter, please of	call:		
NIA				
(Nan	ne of Contact Person)	at	rea Code) (Daytime	Telephone Number)
Enclosed is a check for the follow	ring amount made pay	yable to the Florida Depa	artment of State:	
\$35 Filing Fee	543.75 Filing Fee & 1 Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of State Certified Copy (Additional Copy Enclosed)	
Mailing Addre			Address	
Amendment Se			Iment Section on of Corporations	
Division of Corporations P.O. Box 6327			on or Corporations Building	
Tallahassee, FL 32314			Executive Center Circle	

Tallahassee, FL 32301

Articles of Amendment

	10
Arti	cles of Incorporation
	of

(Name of Corporation as currently filed with the Florida Dept. of State) 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: N/P\
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: Name of New Registered Agent: New Registered Office Address: 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

· 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		Doe Jones Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
Change Add Remove	Ρ	Grace Senior Morandi	5464 NW 23rd PL. OCALA, FL 34482
2) Change Add	_₽	Sharon E. Rapone	5410 NW 26th LA. OCALA, FL 34482
Remove 3) Change Add Remove	TD	Maerkl, Rose L. Mrs.	21 Almond Pass Ocala, FL 34472
4) Change Add Remove	TD	Hal Neuhouser	5400 SE 14th CT. OCALA, FL 34480
5) Change Add Remove			
6) Change Add Remove			

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)					
11/1					
					
					*.
			•		
· · · · · · · · · · · · · · · · · · ·					
 					
- · · · · · ·					
***************************************		-			<u>_</u>
	_				
					
					
		•		·	
·					-

	late of each amendment(s) ad his document was signed.	option: NyA	, if other than the
Effec	tive date <u>if applicable</u> :		
		(no more than 90 days after amendment file da	te)
	If the date inserted in this bloment's effective date on the De	ck does not meet the applicable statutory filing require partment of State's records.	ements, this date will not be listed as the
Adop	tion of Amendment(s)	(<u>CHECK ONE</u>)	
o -	The amendment(s) was/were acwas/were sufficient for approva	lopted by the members and the number of votes east foll.	or the amendment(s)
	There are no members or membadopted by the board of directors	pers entitled to vote on the amendment(s). The amendors.	lment(s) was/were
	Dated		
	Signature		
	have not be	rman or vice chairman of the board, president or other en selected, by an incorporator – if in the hands of a re appointed fiduciary by that fiduciary)	officer-if directors eceiver, trustee, or
	<u> </u>	(Typed or printed name of person sign	ing)
		(Title of person signing)	

The date of each amendment(s) ado late this document was signed.	option: NA		, if other than the
Effective date <u>if applicable</u> :			
	(no more than 90 days after am	rendment file date)	
Note: If the date inserted in this bloc document's effective date on the Department.		ory filing requirements, this date will not	be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)		
The amendment(s) was/were add was/were sufficient for approval.	opted by the members and the number	er of votes east for the amendment(s)	
There are no members or member adopted by the board of director	ers entitled to vote on the amendment s.	t(s). The amendment(s) was/were	
DatedN	ovember 26, 2	810,	
Signature			_
have not beer	nan of vice chairman of the board, pronselected, by an incorporator – if in toppointed fiduciary by that fiduciary)	the hands of a receiver, trustee, or	
	SHAIZON E	Rapone e of person signing)	
	Presidevit		
	(Title of per	erson signing)	