PS10003790

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Business Entity Name)
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TO: Amendment Section Division of Corporations

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NAME OF CORPORATION: ______

DOCUMENT NUMBER: P01000031790

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

Please return all correspondence concerning this matter to the following:

Denise Tarafa

Name of Contact Person

Firm/ Company

18710 SW 288 St Room 117

Address

Homestead FL 33030

City/ State and Zip Code

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

For further information concerning this matter, please call:

at (<u>305</u>) <u>609-3786</u> Area Code & Daytime Telephone Number Denise Tarafa Name of Contact Person

Enclosed is a check for the following amount made payable to the Florida Department of State:

🛢 \$35 Filing Fee

□\$43.75 Filing Fee & Certificate of Status

S43.75 Filing Fee & Certified Copy (Additional copy is enclosed) □\$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 <u>Street Address</u> Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

	Articles of Amendment	
	to Articles of Incorporation	
Λu	rsery Report, Inc	
(<u>Name of C</u>	Corporation as currently filed with the Florida De	ept. of State)
P01000031790		
	(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607.100 its Articles of Incorporation:	06, Florida Statutes, this <i>Florida Profit Corporation</i>	adopts the following amend
A. If amending name, enter the new name	e of the corporation:	
name must be distinguishable and contain "Corp.," "Inc.," or Co.," or the designation word "chartered." "professional association	n the word "corporation," "company," or "inco on "Corp," "Inc," or "Co". A professional corpo n," or the abbreviation "P.A,"	The rporated" or the abbreviat oration name must contain
B. Enter new principal office address, if a (Principal office address <u>MUST BE A STR</u>)		
C. <u>Enter new mailing address, if applicat</u> (Mailing address <u>MAY BE A POST OF</u>)		
	<u>FICE BOX</u>)	hame of the
(Mailing address <u>MAY BE A POST OF</u> D. <u>If amending the registered agent and/o</u> <u>new registered agent and/or the new re</u>	FICE BOX)	
(Mailing address <u>MAY BE A POST OF</u> D. <u>If amending the registered agent and/o</u>	<u>FICE BOX</u>)	
(Mailing address <u>MAY BE A POST OF</u> D. <u>If amending the registered agent and/o</u> <u>new registered agent and/or the new re</u>	FICE BOX)	
(Mailing address <u>MAY BE A POST OF</u> D. <u>If amending the registered agent and/o</u> <u>new registered agent and/or the new re</u>	FICE BOX)	, Florida
(Mailing address <u>MAY BE A POST OF</u> D. <u>If amending the registered agent and/o</u> <u>new registered agent and/or the new re</u> <u>Name of New Registered Agent</u>	FICE BOX)	
(Mailing address <u>MAY BE A POST OF</u> D. <u>If amending the registered agent and/o</u> <u>new registered agent and/or the new re</u> <u>Name of New Registered Agent</u> <u>New Registered Office Address</u> : <u>New Registered Agent's Signature, if chan</u>	FICE BOX) or registered office address in Florida, enter the n egistered office address; (Florida street address) (City)	, Florida(Zip Code)
(Mailing address <u>MAY BE A POST OF</u> D. <u>If amending the registered agent and/o</u> <u>new registered agent and/or the new re</u> <u>Name of New Registered Agent</u> <u>New Registered Office Address</u> : <u>New Registered Agent's Signature, if chan</u>	FICE BOX) or registered office address in Florida, enter the negistered office address: (Florida street address) (City) nging Registered Agent: d agent. I am familiar with and accept the obligation	, Florida (Zip Code) fons of the position.
(Mailing address <u>MAY BE A POST OF</u> D. <u>If amending the registered agent and/o</u> <u>new registered agent and/or the new re</u> <u>Name of New Registered Agent</u> <u>New Registered Office Address</u> : <u>New Registered Agent's Signature, if chan</u>	FICE BOX) or registered office address in Florida, enter the n egistered office address; (Florida street address) (City) nging Registered Agent:	, Florida (Zip Code) fons of the position.

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:

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Example: <u>X</u> Change	<u>PT John</u>	<u>1 Doe</u>	
<u>X</u> Remove	<u>V Mik</u>	e Jones	
<u>X</u> Add	<u>SV</u> <u>Sally</u>	<u>y Smith</u>	
<u>Type of Action</u> (Check One)	Title	Name	Address
I) Change	Pres	Barney Rutzke Jr	18710 SW 288 St Room 117
Add			Homestead FL 33030
Remove			
2) <u>x</u> Change	VP	Paul Bruce Wiggins	18710 SW 288 ST Room 117
Add			Homestead FL 33030
Remove			
3) Change	Т	Denise Tarafa	18710 SW 288 St Room 117
X Add			Homestead FL 33030
Remove			
4) Change	Director	Bill Rotolante	18710 SW 288 St Room 117
Add			Homestead FL 33030
x Remove			
5) Change	Т	Lisa Greer	18710 SW 288 ST Room 117
Add			Homestead FL 33030
x Remove			
6) Change	VP	Jeffrey Demott	18710 SW 288 St Room 117
Add			Homstead FL 33030
x Remove			
			· · · · · · · · · · · · · · · · · · ·

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)

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Example:

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X_Change	<u>PT</u> <u>John</u>	<u>1 Doe</u>	
X Remove	<u>V</u> <u>Mike</u>	<u>e Jones</u>	
<u>X</u> Add	<u>SV Şally</u>	<u>y Smith</u>	
<u>Type of Action</u> (Check One)	Title	Name	<u>Addres</u> s
1) <u>×</u> Change	PP/Direc	Peggy Machin	18710 SW 288 St Room 117
Add			Homestead FL 33030
Remove			
2) Change			<u> </u>
Add			
Remove			
3) Change	. <u></u>		
Add			
Remove			
4) Change	<u> </u>		
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove		0	
		Page 2 of	

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

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

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F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

	6/19/2017 6
The date of each amendment(s) a date this document was signed.	adoption:, if other that
-	9/2017
Effective date <u>if applicable</u> :	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, this date will not be listed as Department of State's records.
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
The amendment(s) was/were ac by the shareholders was/were s	lopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.
	proved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):
"The number of votes cas	t for the amendment(s) was/were sufficient for approval
by	
	(voting group)
action was not required.	lopted by the board of directors without shareholder action and shareholder lopted by the incorporators without shareholder action and shareholder
9/27/2017 Dated	7
Duicd	
Signature	X Jener Ta
(By a	director, president or other officer - if directors or officers have not been
select appoi	ed, by an incorporator – if in the hands of a receiver, trustee, or other court nted fiduciary by that fiduciary)
	Denise Tarafa
	(Typed or printed name of person signing)
	Treasurer
	(Title of person signing)