## P01000068002

(Re	equestor's Name)		
(Address)			
(A	ddress)		
(C	ity/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(B	usiness Entity Nan	ne)	
(De	ocument Number)		
Certified Copies	Certificates	s of Status	
Special Instructions to Filing Officer:			
·			

Office Use Only



300288874683

08/15/16--01036--006 \*\*35.00

SECRETARY OF STATE

AUG 2 5 2016

C LEWIS

## **COVER LETTER**

Division of Corporations NAME OF CORPORATION: DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: For further information concerning this matter, please call: 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: \$35 Filing Fee □\$43.75 Filing Fee & ☐\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy

**Mailing Address** 

TO: Amendment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

is enclosed)

## **Articles of Amendment**

to

## Articles of Incorporation

FILED SECRETARY OF STATE DIVISION OF CORPORATION.

Morel Ropfie	is Inc	21	016 AUG 15	PH 4: 10
(Name of Corporation as curren	tly filed with the Flo	rida Dept. of State	)	
Poloa	£008100			
(Document Number	of Corporation (if known	own)		
Pursuant to the provisions of section 607.1006, Florida Statutes, this Articles of Incorporation:	s Florida Profit Corp	poration adopts the fi	ollowing ame	ndment(s) to
A. If amending name, enter the new name of the corporation:				
	·			new
name must be distinguishable and contain the word "corporat "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A profession			
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	<u> </u>		<del> </del>	
	<u></u> ,			<del></del>
		······································		<del></del> -
C. Enter new mailing address, if applicable:				
(Mailing address <u>MAY BE A POST OFFICE BOX</u> )	····			<del></del>
				<del></del>
D. If amending the registered agent and/or registered office ad	dress in Florida, ent	er the name of the		
new registered agent and/or the new registered office addre	ess:			
Name of New Registered Agent			<del></del>	
(Florida	street address)			
New Registered Office Address:		, Florida_		
	(City)		(Zip Code)	
New Registered Agent's Signature, if changing Registered Age	nt:			
I hereby accept the appointment as registered agent. I am familia	r with and accept the	obligations of the po	osition.	
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 <math>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	<u>PT</u> <u>Joh</u>	n Doc	
X Remove	<u>V</u> <u>Mil</u>	ke Jones	
X Add	SV Sal	ly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	46	William Roland	130 Hog 10
Add		Willer Photend	Duon Park It
Remove			<u>33825</u>
2)Change	<u>VP</u>	Joreny Moul	130 Hog RD
Add		Goren Mour	HOUR TOMEN
Remove		<b>V</b>	33825
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			····
Remove			
6) Change			
Add			
Remove			
IXOIIIOYC			

	neets, if necessary).	ticles, enter chan (Be specific)	ge(s) nere.		
	1				
	11/1		<del></del>		
	- 1 V 177				
					·
		·	<del></del>		
	<del></del>				
			<del></del>		
			<del></del>		
		·			
		<del></del>			· · · · · · · · · · · · · · · · · · ·
		· · · · · · · · · · · · · · · · · · ·			
	rovides for an eye	honga raclassifi	ration or cancellat	ion of issued shores	
lfan amendment n		-minge, rectassin	ontained in the am	endment itself:	
provisions for imp	lementing the am	endiment is not co			
(if not applicate	dementing the amble, indicate N/A)	entiment if not co	,		
(if not applicate	lementing the am	endment is not co			
(if not applicate	dementing the amble, indicate N/A)	endment it not co			
(if not applicate	dementing the amble, indicate N/A)	endment if not co			
(if not applicate	dementing the amble, indicate N/A)	endment if not co			
(if not applicate	dementing the amble, indicate N/A)	endment if not co			
(if not applicat	dementing the amble, indicate N/A)	endment it not co			
(if not applicate	dementing the amble, indicate N/A)	endment if not co			
(if not applicate	dementing the amble, indicate N/A)	endment it not co			

' '. The date of each amendment(s) add	21912016	, if other than the
date this document was signed.	, priori	F 14 F 17
Effective date if applicable:	8/9/2016	ECRETARY OF STATE
	(no more than 90 days	after amendment file date 2016 AUG 15 PM 4: 10
Note: If the date inserted in this blo document's effective date on the Dep		tatutory filing requirements, this date will not be listed as the
Adoption of Amendment(s)	(CILECK ONE)	
The amendment(s) was/were adop by the shareholders was/were suff		er of votes cast for the amendment(s)
	oved by the shareholders through vo each voting group entitled to vote se	oting groups. The following statement parately on the amendment(s):
"The number of votes cast fo	or the amendment(s) was/were suffic	cient for approval
by		
	(voting group)	
The amendment(s) was/were adop action was not required.	ted by the board of directors withou	it shareholder action and shareholder
The amendment(s) was/were adop action was not required.	ted by the incorporators without sha	areholder action and shareholder
Dated	9/2016	
Signature	Sinda Morl	
	ector, president or other officer – if	directors or officers have not been s of a receiver, trustee, or other court
	d fiduciary by that fiduciary)	tor a receiver, trustee, or other court
_	Linda mor	<del>- 11,</del>
	(Typed or printed name o	f person signing)
_	Secretory	
	(Title of person	on signing)