## P030000 46056

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: Finish Line Saloon Inc	
DOCUMENT NUMBER: <u>P03000046056</u>	
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Circly Jones Name of Contact Person	
Firm/ Company  PO Pox 3627	
Plant City F1 33563  City/ State and Zip Code	
Finail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:  C: ndy Jones at (813) 763-9879  Name of Contact Person Area Code & Daytime Telephone Nun	nher
Enclosed is a check for the following amount made payable to the Florida Department of State:	.00.
S35 Filing Fee  Certificate of Status  Certified Copy (Additional copy is enclosed)  Certified Copy (Additional Copy is enclosed)	
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810	1

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

(Name of Corporation as current	y filed with the Florida Dept.	of State)	
Finish Line Saloon II (Document Number o	of Corporation (if known)	46056	
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation ado	pts the following amendme	ent(s)
A. If amending name, enter the new name of the corporation:			
The Finish Line Saloon Ir name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". I chartered," "professional association," or the abbreviation "P.A."	company," or "incorporated" o. A professional corporation nar		.,
B. Enter new principal office address, if applicable:	<u>5402 US HW</u>	4 92 E	
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	Plant City, FI	l	
		<del></del>	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Sylvia Blocke	MOHAY 13	5 3
	4806 Gallagher Plant City, FI	1122	
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address		e of the	
Name of New Registered Ayent			
(Florida str	reet address)		
New Registered Office Address:	,	Florida	
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar		of the position.	
Signature of New E	Registered Agent, if changing		
•	regionered rigem, y enunging		
Check if applicable  ☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11)	(e), F.S.		

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	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change			
Add			
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets.	dditional Arti if necessary).	(Be specific)				
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lf an amendment provid	ies for an excl	hange, reclass	ification, or ca	ncellation of is	sued shares,	
provisions for impleme (if not applicable, in	nting the ame	endment if not	contained in	the amendmen	t itself:	
(1) /// <b>(4)</b> // // (1)	,					
				. ,,		
	<u>-</u>					
<del>-</del>						
				<del></del> .		

 $(x_i) = (x_i)^{-1} ($ 

The date of each amendment(s) ac	loption:	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file day	(e)
<b>Note:</b> If the date inserted in this b document's effective date on the Do	lock does not meet the applicable statutory filing requirement appropriate partment of State's records.	nts, this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were add action was not required.	opted by the incorporators, or board of directors without share	holder action and shareholder
☐ The amendment(s) was/were add by the shareholders was/were st	opted by the shareholders. The number of votes cast for the a afficient for approval.	mendment(s)
	proved by the shareholders through voting groups. The follow each voting group entitled to vote separately on the amendm	
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	······································	
	(voting group)	
Dated5 -	11-2020	
Signature	Julia Blocher	
	irecor, president or other officer – if directors or officers haved, by an incorporator – if in the hands of a receiver, trustee, o	
	ted fiduciary by that fiduciary)	
	Sylvia Blocker (Typed or printed name of person signing)	<del></del>
	President	
	(Title of person signing)	