P030004912

(Re	questor's Name)	
(Ad	dress)	
bA)	dress)	
(Cit	y/State/Zip/Phone	÷ #)
PICK-UP	☐ WAIT	MAIL MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





500304084595

10/08/17--01014--008 **35.00

FILED
2017 OCT - 6 PM 2: 13

C. GOLDEN

OCT - 9 2017

COVER LETTER

TO: Amendment Section Division of Corporations	
NAME OF CORPORATION: <u>Greenland</u> of Key West, Incomment Number: P03000049189	۸ .
DOCUMENT NUMBER: PO300049189	
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Marian Pavlik Name of Contact Person	
Greenland of Key West, Inc.	
5030 5th Ave Unit#5	
Key West, FL 33040 City/ State and Zip Code	
City/ State and Zip Code	
Greenlandkw@aol.com E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Marian Pavlik at (305) 942-9484 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:	
S35 Filing Fee	
Mailing Address 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	

Articles of Amendment

to

FILED

Articles of Incorporation

13

of .		2017 OCT -6 PH 2:
Greenland of Key	West, Inc	
(Name of Corporation as currently file	ed with the Florida Dept. of State) MALL MASSLEF, FI OF
P030000491	89	D TO WASTER FLOR
(Document Number of Co	rporation (if known)	
Pursuant to the provisions of section 607.1006. Florida Statutes, this <i>Flor</i> its Articles of Incorporation:	rida Profit Corporation adopts the f	following amendment(s) to
A. If amending name, enter the new name of the corporation:		
\mathcal{N}/\mathcal{A}		T.
name must be distinguishable and contain the word "corporation,"	"company" or "incorporated" o	The new
"Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co"	A professional corporation nam	e must contain the
word "chartered," "professional association," or the abbreviation "P.A		
B. Enter new principal office address, if applicable:	M/A	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	7,000	
-		
C. Enter new mailing address, if applicable:	$\Lambda \Lambda / \Lambda$	
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	/\///	
-		
_		
D. If amending the registered agent and/or registered office address	in Florida, antar the name of the	
new registered agent and/or the new registered office address:	in Florida, enter the flame of the	
4	AME	
Name of New Registered Agent	1771	
(Florida street a	ddress)	
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 with	and accept the obligations of the po	sition.
Signature of Non Panie	tarad Japan if changing	

address of each Officer's (Attach additional sheets, Please note the officer/dir P = President; V = Vice Executive Officer; CFO = held. President, Treasurer Changes should be noted a change, Mike Jones lea Mike Jones, V as Remove.	and/or Di if necessor ector title President, = Chief F r, Directo in the fol wes the co	irector be ary) e by the fi ; T= Tree inancial or would be ilowing m	rst letter of the office title: isurer: S= Secretary; D= Director; TR= Officer. If an officer/director holds more PTD. anner. Currently John Doe is listed as the n, Sally Smith is named the V and S. Thes	Trustee; e than one	C = Chairman or Clerk; CEO = Chief title, list the first letter of each office Mike Jones is listed as the V. There is
Example: X Change	<u>PT</u>	John Do	<u>e</u>		
X Remove	$\underline{\mathbf{V}}$	Mike Jo	nes		
X Add	<u>sv</u>	<u>Sally Sn</u>	n <u>ith</u>		
Type of Action (Check One)	<u>Title</u>		Name	- <u>Add</u>	tess
1) Change Add	<u>V</u>	-	Iveta Pavlik	<u>50</u> Ke	30 5th Ave Apt. 5 y West, FL 33040
Remove					7
2) Change		_			
Add					
Remove					
3) Change		-			
Add					
Remove					
4) Change		_		_	
Add					
Remove					
5) Change		_		-	
Add					
Remove					<u>-</u> .
6) Change		_			
Add					
Remove					

. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)	
——————————————————————————————————————	
\mathcal{M}/\mathcal{H}	
If an amendment provides for an exchange, reclassification, or cancellation of issued sh provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	ares.
N/A	

The date of each amendment(s) adoption:	10-2-17	, if other than the
date this document was signed.		
Effective date if applicable:	10-2-17	
(1	0 - 2 - 1 no more than 90 days after amendment file da	te)
Note: If the date inserted in this block does not document's effective date on the Department of Sta		ents, this date will not be listed as the
Adoption of Amendment(s) (CHEC	CK ONE)	
The amendment(s) was/were adopted by the sha by the shareholders was/were sufficient for app	archolders. The number of votes east for the a royal.	mendment(s)
☐ The amendment(s) was/were approved by the sh must be separately provided for each voting gra		
"The number of votes cast for the amendm	nent(s) was/were sufficient for approval	
by	group)	
(voting	group)	
☐ The amendment(s) was/were adopted by the box action was not required.	ard of directors without shareholder action and	l shareholder
☐ The amendment(s) was/were adopted by the incaction was not required.	corporators without shareholder action and sha	reholder
Dated	1.	
(By a director, preside	nt or other officer – if directors or officers have orator – if in the hands of a receiver, trustee, o that fiduciary)	
Mar	ped or printed name of person signing)	
Pr	eSident (Title of person signing)	
	(Title of person signing)	