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COVER LETTER

TO: Amendment Section

Division of Corporations The Boar's Nest Saloon, Inc DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: City/ State and Zip Code

W La Sciana @ gmail. Com

E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fee & S43.75 Filing Fee & \$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations The Centre of Tallahassee P.O. Box 6327 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32314

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

to

(Name of Cornoration as cur)	rently filed with the Florida Dept. of State)
D0200	00061657
(Document Numb	per of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, its Articles of Incorporation:	this Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporation	<u>n:</u>
	The new
name must be distinguishable and contain the word "corporation "Inc.," or Co.," or the designation "Corp." "Inc," or "Co" chartered," "professional association," or the abbreviation "I	". A professional corporation name must contain the word
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
(Stating dauress MAT BE A LOST OFFICE BOX)	
D. If amending the registered agent and/or registered office	
new registered agent and/or the new registered office add	HESS:
Name of New Registered Agent	
	la street address)
	· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:	(City) Florida (Zip Code)
New Registered Agent's Signature, if changing Registered A. I hereby accept the appointment as registered agent. I am famili	gent: liar with and accept the obligations of the position.
Signature of No	ew Registered Agent, if changing

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)

Example:

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.

X Change	<u>PT</u> <u>John</u>	. Doe			
X Remove	<u>V</u> <u>Mike</u>	e Jones			
X Add	<u>SV</u> <u>Sally</u>	· Smith			
Type of Action (Check One)	<u>Title</u>	Name	T-C. (200	Address 1 2 0 2	0) 0 01 0
1) Change		Daniel	tasa ara	13920	SW 22 Place
Add	Vρ			Davie, FL	<u>SW</u> 22 Place 33325
2) Change					
Add					
Remove Change					
Add					<u></u>
Remove					
4) Change					
Add					
Remove					
5) Change					
Add					
Remove					
. 6) Change					
Add					
Remove					

[amending or adding additional Articles, enter change(s) here: httach additional sheets, if necessary). (Be specific)	
<u> </u>	
	•
0 W.W.	
f 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)	-
(g approximate manuals /////	
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	5 (70)
	7.4 700
	2.7
	20

	ption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Sote: If the date inserted in this blo locument's effective date on the Dep	ck does not meet the applicable statutory filing requirements, this datartment of State's records.	e will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adop action was not required.	ted by the incorporators, or board of directors without shareholder actio	n and shareholder
The amendment(s) was/were adop by the shareholders was/were suff	ted by the shareholders. The number of votes east for the amendment(s licient for approval.)
	oved by the shareholders through voting groups. The following statements with voting group entitled to vote separately on the amendment(s):	nt
"The number of votes cast fo	or the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voung group)	
10/2	5/2023	
Signature W	Indi Fasciana	
selected	fior, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court I fiduciary by that fiduciary)	
	(Typell or printed name of person signing)	· ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;
_	(Typed or printed name of person signing)	,
_	President	<u> </u>
	(Title of person signing)	- -
		छ