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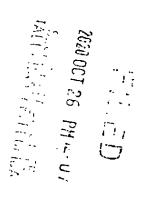
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TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: BIG PINE LODGE	E INC		
DOCUMENT NUMI	P07000022248			
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corre	spondence concerning this ma	tter to the following:		
	JAKE KANONITZ			
		Name of Contact Persor	1	
	BIG PINE LODGE INC			
		Firm/ Company		
	10302 NW SOUTH RIVER I	ORIVE SUITE 3		
		Address		
	MEDLEY,FL 33178			
		City/ State and Zip Code		
	JKKANNON@BELLSOUTH.NET			
	E-mail address: (to be us	sed for future annual report	notification)	
For further informatio	n concerning this matter, pleas	se call:		
JAKE KANONITZ		at (305	3056735	
Name of Contact Person			de & Daytime Telephone Number	
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment 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		Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		

Articles of Amendment to Articles of Incorporation of

to

BIG PINE LODGE INC		
(Name of Corporation as curr	ently filed with the Florida Dept.	of State)
P07000022248		
(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 add	opts the following amendment(s
A. If amending name, enter the new name of the corporation	<u>1:</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 "F	". A professional corporation na	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		
		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		2020 0
		7 50
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office add		e of the
	11 (55).	e de la companya de l
Name of New Registered Agent		
(Floria	la street address)	
New Registered Office Address:		Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent's Signature	gent:	
I hereby accept the appointment as registered agent. I am famil	liar with and accept the obligations	of the position.
Signature of Ne	ew Registered Agent, if changing	
· ·		
Check if applicable ☐ The amendment(s) is/are being filed pursuant to s. 607.0120 ((11) (c), 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.

X Change	<u>PT</u> <u>J</u>	<u>ohn Doe</u>	
X Remove	<u>v</u> <u>n</u>	Mike Jones	
X Add	<u>sv</u> s	sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	VP	ISABELLA KANONITZ	10302 NW SOUTH RIVER DRIVI
/ Add			SUITE 3
X Remove			MEDLEY, FL 33178
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

ttach additional sheets, if	necessury). (Be	enter change(s) he specific)			
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	 	 	·		
					
					
					
an amendment provides	s for an exchange,	reclassification, o	r cancellation of i	ssued shares,	
provisions for implement (if not applicable, indi	ting the amendme	nt if not contained	I in the amendmen	it itself:	
(y nor appricable, mar	cute 11771)				
				· · · ·	
					
· · · · · · · · · · · · · · · · · · ·					
					
	 				

• • • •	10/20/2020			
The date of each amendment(s) ad date this document was signed.	option:	, if other than th		
Effective date if applicable:				
	(no more than 90 days after am	endment file date)		
Note: If the date inserted in this bl document's effective date on the Dep		filing requirements, this date will not be listed as th		
Adoption of Amendment(s)	(CHECK ONE)	(CHECK ONE)		
The amendment(s) was/were adopaction was not required.	sted by the incorporators, or board of directo	ors without shareholder action and shareholder		
☐ The amendment(s) was/were ado by the shareholders was/were suf	pted by the shareholders. The number of vot ficient for approval.	es cast for the amendment(s)		
	roved by the shareholders through voting groeach voting group entitled to vote separately			
"The number of votes cast	for the amendment(s) was/were sufficient for	approval		
by	(voting group)			
	(voting group)			
10/20/2020 Dated				
Signature	agril Kongrif			
	rector, president or other officer if directors			
	 by an incorporator – if in the hands of a recel d fiduciary by that fiduciary) 	eiver, trustee, or other court		
• •	APRIL KANONITZ			
-	(Typed or printed name of person	signing)		
	PRESIDENT			

(Title of person signing)