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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: BERDOLL PROPE	ERTIES INC		
	P08000084704			
	of Amendment and fee are su	bmitted for filing.	_	
Please return all corre	spondence concerning this ma	tter to the following:		
	LOUIS BERDOLL			
		Name of Contact Person)	
		Firm/ Company		
	1107 OXBRIDGE LANE			
	·	Address		
	ORMOND BEACH, FL. 321	74		
		City/ State and Zip Code		
	E-mail address: (to be us	sed for future annual report	notification)	
		•		
For further informatio	n concerning this matter, pleas	se call:		
LOUIS BERDOLL		at (386	760-5454 de & Daytime Telephone Number	
Name	of Contact Person	Area Cu	de & Daytime Telephone Number	
Enclosed is a check for	or the following amount made	payable to the Florida Depa	ertment of State:	
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address Amendment Section		Street Address Amendment Section		
Division of Corporations		Division of Corporations		
P.O. Box 6327		Clifton Building		
Tallahassee, FL 32314		2661 Exceptive Center Circle Tallahassee, FL 32301		
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		ranana	155CC, PL 52501	

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Articles of Amendment to Articles of Incorporation of

BERDOLL PROPERTIES INC

SERBOLL PROFERTIES INC		
· · · · · · · · · · · · · · · · · · ·	ion as currently filed with the Fl	lorida Dept. of State)
08000084704		
i (Docu	ment Number of Corporation (if ki	nown)
arsuant to the provisions of section 607,1006, Florid Articles of Incorporation:	la Statutes, this Florida Profit Cor	rporation adopts the following amendment(
If amending name, enter the new name of the c	orporation:	
		The new
ame must be distinguishable and contain the wo Corp.," "Inc.," or Co.," or the designation "Corp ord "chartered," "professional association," or the	p," "Inc," or "Co". A professio	or "incorporated" or the abbreviation mal corporation name must contain the
Enter new principal office address, if applicable Principal office address MUST BE A STREET AD		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BU	<u></u>	
		
. If amending the registered agent and/or registe		ster the name of the
new registered agent and/or the new registered	t office address:	
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:		, Florida
	(City)	(Zip Code)
ļ 1		
ew Registered Agent's Signature, if changing Re	agistared Agant:	
hereby accept the appointment as registered agent.		e obligations of the position.
~-		
Sign	nature of New Registered Agent, ij	f changing

Page 1 of 4

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 tule 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 = ChiefExecutive 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>P [</u>	John Doc		
X Remove	<u>v</u>	Mike Iones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	Title	<u>Name</u>		Address
1) Change	VP	ELIZABETH JOHNS	ON-BERDOLL	1107 OXBRIDGE LANE
X Add				ORMOND BECH, FL.32174
Remove				
2) Change				
Add				
Remove				
3 } Change				
Add	1			
Remove	ţ			
4) Change		_		
Add				
Remove				
5) Change				
Add	1			
Remove	•			
4) ("h				
6) Change	†			
Add				
Remove				

Page 2 of 4

If amending or adding a Attach additional sheets,	if necessary (Ra c	necific)	·····•		
ritain additional sheets,	y necessary). — tae s 	pec gu)			
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if an amendment provid	et for an etchange,	recinssification	, or exiteenano	n or issued snares	1
provisions for impleme	ating the amengmen	i ii not contair	ied in the amen	ament useit:	
(if not applicable, ir	picate (S/A)				
					
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ne date of each amendment(s) adoption:, if other the	in the
te this document was signed. (Politice thate if applicable: 9/10/2019	
feetive date if applicable: 1 10 X 0 1 Ino make than 90 days after amendment file date)	
ote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed accument's effective date on the Department of State's records.	as the
doption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes east for the amendment(s) by the shareholders was/were sufficient for approval.	
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 9/10/2019	
Signature That A. Barley	
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
1 nous Berdoll	
(Typed or printed name of person signing)	
$\mathcal{O}_{\epsilon,\alpha}$	
(Title of person signing)	