109000068381

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COVER LETTER

TO: Amendment Section

Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: Save With Coins Inc. DOCUMENT NUMBER: PO900068381 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Robert Alvarez
Name of Contact Person are With Colos, Inc. Boy 618
Address Welaka, F1 32193
City/ State and Zip Code F-mail address! (to be used for future annual report notification) For further information concerning this matter, please call: at (352) 665-0654

Area Code & Daytime Telephone Number Robert Alvarez Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee ☐\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status Certified Copy (Additional copy is (Additional Copy enclosed) is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation



Save With Coins, Inc.

ent(s) to

(Name of Corporation as current	tly filed with the Florida Dept. of State)			
P0900006381				
	of Corporation (if known)			
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendme			
A. If amending name, enter the new name of the corporation:				
name must be distinguishable and contain the word "corporatio "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the			
B. Enter new principal office address, if applicable:	18 Sooth Street			
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	Welaka, F1. 32193			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	P.D. Box 618 Welaka, 5, 32193			
	S: Mivarez			
18 Scot	+ Street			
(Florida st	reet address)			
New Registered Office Address: Welaka	, Florida 32 193 (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 position.			
signature of New 1	Registered Agent, if charging			
	$\mathcal U$			

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: <u>X</u> Change	<u>PT</u> Johr	1 Doe				
X Remove	<u>V</u> <u>Mike Jones</u>					
X Add	SV Sally Smith					
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s			
1) Change	PT Directo	Gerone J. Cowert	1 Windson, Cv.			
Add	Directo	۷.	Flagler Beach, Fl. 32134			
X Remove	PT	Robert Alverez	18 Scott Street			
2) Change Add	Director	10 der 1 Minerez	Welaka, F1. 32193			
Remove						
3) Change						
Add						
Remove			<u> </u>			
4) Change						
Add						
Remove						
5) Change						
Add						
Remove						
6) Change						
Add						
Remove			<u>_</u>			

	nending or addin ch <i>additional shee</i>				here:		
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to	Robert	ng.	MROZ.	ري، ه	or a hion	Gerona bas Zu	~ 0
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lfan	amendment pro	vides for a	n exchange, r	eclassificatio	on, or cancellati	on of issued shares,	
	visions for imple	menting th	e amendment				
	(if not applicable	, indicate l	V/A1)				
	·····						
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The date of each amendment(s) adoption: January 1, 2017 date this document was signed.	
Effective date if applicable: 1/1/2017 (no more than 90 days after amendment file date)	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date document's effective date on the Department of State's records.	
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast 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	
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	
Signature Server 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)	
(Typed or printed name of person signing)	
_ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ 	
Pres / Director (Title of person signing)	