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SECRETARY OF STATE
JACKAHASSEE, TELORIDA

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION	MADIS	NDANE	FLOR	110A INC
DOCUMENT NUMBER:	P1000	008527	7	
The enclosed Articles of Amen	dment and fee are su	bmitted for filing		
Please return all correspondence	e concerning this ma	tter to the followi	ng:	
	MARILY	J PATIE	RNO	
	MARILY.	Name of Cont	act Person	
	MADISON	DANE FL	ORIOA	INC
		Firm/ Cor	npany	
	1896 C	LUB HOUSE	E Du	100
		Addre	:88	
	PORT	ORANGE	FI	32128
	Port	City/ State and	Zip Code	
	_			
	1NG0	LACEC	MSA	J. Compotification)
E-m	ail address: (to be u	sed for future ann	ual report n	otification)
For further information concern	ing this matter, pleas	se call:		
N RICHARD	GNASSANO	CPA at (561) 276-4646 c & Daytime Telephone Number
Name of Contac	t Person		Area Cod	e & Daytime Telephone Number
Enclosed is a check for the follo	owing amount made	payable to the Flo	orida Depar	tment of State:
	43.75 Filing Fee & ertificate of Status	S43.75 Filing Certified Cop (Additional c enclosed)	ру	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Add	ress		Street A	.ddress
Amendment S				nent Section
Division of C P.O. Box 632	•		Division Clifton I	of Corporations
Tallahassee, I			ecutive Center Circle	

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

MADISON	JDANE FLOR	104 INC		
	Corporation as currently		rida Dept. of State)	
P10000	085277			
	(Document Number of	Corporation (if know	wn)	
Pursuant to the provisions of section 607.10 its Articles of Incorporation:	006. Florida Statutes, this F	Iorida Profit Corpo	oration adopts the fo	llowing amendment(s) to
A. If amending name, enter the new name	e of the corporation:			
				The new
name must be distinguishable and contain "Corp.," "Inc.," or Co.," or the designat word "chartered," "professional association	ion "Corp." "Inc," or "C	Co". A professiona	"incorporated" or il corporation name	the abbreviation
B. Enter new principal office address, if (Principal office address MUST BE A STE				
C. Enter new mailing address, if applica (Mailing address MAY BE A POST OF D. If amending the registered agent and/	FFICE BOX)	ess in Florida, ente	the name of the	FILED OCT 16 PN 4: 02 NALLAMAS SEES FLORIDA
new registered agent and/or the new i				
Name of New Registered Agent	MARILYN	PATIERA	J0	
New Registered Office Address:	MARILYN 1896 CLUBA (Florida stree PONT ORA			32128 (Zip Code)
New Registered Agent's Signature, if cha I hereby accept the appointment as register.	ed agent. I am fumiliar w Allun Tatternii			ition.
	Signature of New Re	дынска мдет, у ст	unging	

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: X Change	PT Joh	nii Doe	
X Remove	<u>V</u> <u>Mi</u>	ke Jones	
X Add	<u>SV</u> <u>Sal</u>	lly Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	PD	PATIERNO RICHARD	PONTORANGE, FL
Add		,	PONTORANGE FL
X Remove			32128
2) K Change	<u>PD</u>	PATIENNO MARILYN	1896 Chatous Dr.
Add		,	PORTORANGE, FL
Remove			32128
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

ttach <i>additional sh</i>	heets, if necessary).	(Be specific)				
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- <u>-</u> -						
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<u>rovisions for imp</u>	rovides for an excholementing the amen ble, indicate N/A)	ange, reclassific ndment if not co	cation, or cancel ontained in the a	lation of issued : mendment itself	<u>shares,</u> <u>f:</u>	
						
				-		
						
<u> </u>				···		
						

The date of each amendment(s) adoption	on:10/5/2017	, if other than the
date this document was signed.		it outer than the
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment f	ile date)
Note: If the date inserted in this block document's effective date on the Departm	does not meet the applicable statutory filing requient of State's records.	irements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were adopted by the shareholders was/were sufficie	by the shareholders. The number of votes cast for nt for approval.	the amendment(s)
	d by the shareholders through voting groups. The f voting group entitled to vote separately on the am	
"The number of votes cast for th	ne amendment(s) was/were sufficient for approval	
by	(voting group)	•
	(voting group)	
☐ The amendment(s) was/were adopted action was not required.	by the board of directors without shareholder actio	n and shareholder
☐ The amendment(s) was/were adopted action was not required.	by the incorporators without shareholder action an	d shareholder
Dated	10/5/2017	
Signature	ruly Patterne or, president or other officer - if directors or officer	
(By a directo	or, president or other officer – if directors or officer	s have not been
	an incorporator – if in the hands of a receiver, trus duciary by that fiduciary)	ice, or other court
	MARILYN PATTERNO (Typed or printed name of person signing)	
	(Typed or printed name of person signing)	
	Province AND Sole 5 (Title of person signing)	HAREH OLDER
	(Title of person signing)	