## P11000071841

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## **COVER LETTER**

TO: Amendment Section **Division of Corporations** 

NAME OF CORPOR	ATION: Mike Longshore, I	nc.	
DOCUMENT NUMB	ER: P11000071841		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	Mike Longshore		
•		Name of Contact Person	1
	Mike Longshore, Inc		
•		Firm/ Company	
	9247 Rock Dr.		
•		Address	
	Brooksville, FL 34601		
•	-	City/ State and Zip Code	e
melor	gshoreinc@gmail.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
Mike Longshore		at ( <sup>352</sup>	428-4802
Name o	f Contact Person		de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divis P.O.	ing Address  ndment Section sion of Corporations Box 6327 thassee, FL 32314	Amend Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of



Mike Longshore, Inc

2016 OCT -6 AM 11: 26

	on as currently filed with the Florida Dept. of State)
P11000071841	
(Docume	ent Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment(s
A. If amending name, enter the new name of the cor	rporation:
	The new
	I "corporation," "company," or "incorporated" or the abbreviation ""Inc," or "Co". A professional corporation name must contain the abbreviation "P.A."
B. Enter new principal office address, if applicable:	:
(Principal office address <u>MUST BE A STREET ADD</u>	
C. Enter and malling address 25 and 15 ables	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	K)
D. If amending the registered agent and/or registere	ad affice address in Florida, autor the name of the
new registered agent and/or the new registered of	
Mike Longsh	hore
Name of New Registered Agent	
<del></del>	
	(Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Regi-	istered Agent: I am familiar with and accept the obligations of the position.
. по вод иссере те прротитет из гединегой идет. Т	f
10.0	1 (2
Mille	tenestions
Signa	nture of New Registered Agent, if changing

## 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	<u>PT</u>	John De	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally St	mith	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change	VP	<del></del>	Cynthia Joy Longshore	9247 Rock Dr.
Add				Brooksville, FL 34601
X Remove				
2) Change		_		
Add				
Remove				
3) Change			<del></del>	<del></del>
Add				
Remove				<del></del>
4) Change		_		
Add				
Remove				
5) Change		<u> </u>		
Add				
Remove				
6) Change	<del></del>	<del>.</del>		
Add				
Remove				

Attach additional sheets, if necessary).	(Be specific)
	<del></del>
	<del></del>
an amendment provides for an exch	nange, reclassification, or cancellation of issued shares, and and an analysis of its per shares.
(if not annih alta in it are MA)	adment it not contained in the amendment usen.
(if not applicable, indicate N/A)	
(ij not applicable, indicate N/A)	
(ij not applicable, indicate N/A)	
(y not applicable, indicate N/A)	
(y noi applicaole, indicale N/A)	
(y not applicable, indicate N/A)	
(ij noi applicable, indicate N/A)	

	August 31, 2016	1 .51 .
The date of each amendment		if other than the
date this document was signed.	•	DIVISION OF CORPORATES
Thee at 3 a te 11 11	August 31, 2016	2040 000 4 0000
Effective date if applicable:	(no more than 90 days after amendment file date)	<del>2018-001 - 6 AM</del> 11: 26
	(no more than 90 days after amenament file date)	
	this block does not meet the applicable statutory filing requirements, ne Department of State's records.	this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/wer by the shareholders was/we	e adopted by the shareholders. The number of votes cast for the amendere sufficient for approval.	dment(s)
	re approved by the shareholders through voting groups. The following and for each voting group entitled to vote separately on the amendment(	
"The number of votes	cast for the amendment(s) was/were sufficient for approval	
by	"	
.,	(voting group)	
action was not required.  The amendment(s) was/wer	e adopted by the board of directors without shareholder action and share adopted by the incorporators without shareholder action and shareho	
action was not required.		
DatedSignature(B	by a director, president or other officer – if directors or officers have no elected, by an incorporator – if in the hands of a receiver, trustee, or other oppointed fiduciary by that fiduciary)	
	Mike Longshore	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	