P110000097445

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2018 HOV -7 PM 1: 41

Amend/cus

NOV 1 3 2018

I ALBRITION

CÓVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: BLACK	FIRE PROTECTIC	ut, INC.	
DOCUMENT NUMBER: P110		•	
The enclosed Articles of Amendment and fee are	submitted for filing.		
Please return all correspondence concerning this	matter to the following:		
LINDA BO	Name of Contact Perso	n	
BLACK FIRE PROTECTION, INC.			
Firm/Company			
FURT LAUDERD	1 ACE, FZ 33 City/ State and Zip Cod	315	
	City/ State and Zip Cod	e	
LINDA & BLAC E-mail address: (to be	CKFIREPROTECT: used for future annual report	TOH, COMnotification)	
For further information concerning this matter, please call:			
Linda Black Name of Contact Person	ar (954	741-4548	
Name of Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for the following amount mac	de payable to the Florida Depa	irtment of State:	
☐ \$35 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status		☑\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address Amendment Section		Address Iment Section	

Division of Corporations Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

Articles of Amendment to tion

to

Articles	of	Incorpora
		of

BLACK TIRE TRUTECTION, JAC	,
(Name of Corporation as current	ly filed with the Florida Dept. of State)
P11000097465	
(Document Number of	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 amendment(s)
A. If amending name, enter the new name of the corporation:	
NIA	The new
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or word "chartered," "professional association," or the abbreviation	m," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	NIA
(Principal office address MUST BE A STREET ADDRESS)	70/
	
C. Fatarana and Barand day of Constitution	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NIA
	
D. If amending the registered agent and/or registered office add	ress in Florida, enter the name of the
new registered agent and/or the new registered office addres	
Name of New Registered Agent VIA	
(Florida st	reet address)
New Registered Office Address:	, Florida
	Tony,
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar	
ND	
Signature of New I	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.

X Change	PT John Doc	
X Remove	<u>V</u> <u>Mike Jones</u>	
X Add	SV Sally Smith	
Type of Action (Check One)	<u>Title</u> <u>Name</u>	<u>Addres</u> s
1) X_ Change	P. LINDA BLACK	701 RAMIE CT.
Add	LINDA BLACK SHOULD ONL BELTSTED AS PRESIDENT	-y PORT SMAU LUCIE, FC
	TS KIRBY BLACK	701 RAMPE CT
Add	KIRBY BLACK SHOULD BE HISTED AS TREASURER/SECRE	77AR-1 341952
3 1 Change		
Add		
4) Change		
Remove		
5) Change		
Add	•	
Remove		
6) Change		
Add		
Remove		

(Attach additional s	ling additional Article liects, if necessary). ((Be specific)	<u>,</u> ,			
						•
	· -					
			 			
If an amendment r	rovides for an exchan	ge reclassificatio	m or cancellati	on of issued sha	res.	
provisions for imp	dementing the amend	ment if not conta	ined in the ame	ndment itself:	<u> </u>	
(if not applica	ble, indicate N/A)					
						
			- <u></u>			

The date of each amendment(s) adoption: November 5,2018 date this document was signed.	, if other than ti
Effective date if applicable: 1/12/18	
(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 we document's effective date on the Department of State's records.	vill not be listed as t
Adoption 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 November 5,2018	
Signature Blub Blub (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)	
(Typed or printed name of person signing)	
President (Title of person signing)	
Time or person againgt	

When I registered for 2018, I accidentally took Kirby Black off as Treasurer/Secretary.