P12000046468

(Requestor's Name)	_
(Address)	_
(Address)	_
(City/State/Zip/Phone #)	_
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	_
Certified Copies Certificates of Status	_
Special Instructions to Filing Officer:	
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SEP 27 2019 C KINSEY



September 14, 2019

CAROL WYSOCKI 2054 VISTA PKWY STE 431 WEST PALM BEACH, FL 33411

SUBJECT: NATIONAL EMPORIUM INC.

Ref. Number: P12000045458

We have received your document for NATIONAL EMPORIUM INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Benefit corporation, but your entity is a profit corporation. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Catherine M Wood Regulatory Specialist II

ECENTION SEP 26 PHI2: 14

Letter Number: 419A00019045

COVER LETTER

TO: Amendment Section **Division of Corporations**

.

NAME OF CORPORATION	ON: NATION	NAL EMPORIUM INC	C		
DOCUMENT NUMBER:	P120000	045458			
The enclosed Articles of An	nendment and fee are su	bmitted for filing.			
Please return all correspond	ence concerning this mat	ter to the following:			
<u></u>	Caro	Wysocki			
		Name of Contact Persor	1		
	C&M TA	X, ACCTG, & CONS	SULTING, LLC		
		Firm/ Company			
	2054 VISTA PKWY, STE-431				
WEST PALM BEACH FL 33411					
City/ State and Zip Code					
	CMTAC@OUTLOOK.COM				
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
CAROL WYSO	OCKI	at (561	685-8761		
Name of Contact Person Area Code & Daytime Telephone No			de & Daytime Telephone Number		
Enclosed is a check for the following amount made payable to the Florida Department 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)		
Mailing A			Address		
	nt Section	Amendment Section			
	of Corporations	Division of Corporations			
P.O. Box Tallahasse	6327 se, FL 32314	Clifton Building 2661 Executive Center Circle			

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

NATIONAL EMPORIUM INC.

	ONAL LIM ONION INC.
(Name of Corporation	as currently filed with the Florida Dept. of State)
P1200004	5458
(Docume	nt 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	ooration:
	The new
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp," word "chartered," "professional association," or the a	"corporation," "company," or "incorporated" or the abbreviation "Inc," or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDI	
C. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX	PH 2: 02
D. If amending the registered agent and/or registere new registered agent and/or the new registered o	
Name of New Registered Agent	
	(Florida street address)
	(1 to the little day cas)
New Registered Office Address:	, Florida (City) (Zip Code)
	(Cryy
New Registered Agent's Signature, if changing Regis I hereby accept the appointment as registered agent. I	tered Agent: am familiar with and accept the obligations of the position.
Signal	ire 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 Doe		
X Remove	<u>V</u>	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>		<u>Addres</u> s
1) Change		EDWARD EDV	VARDS	12840 SW 147TH ST
Add				MIAMI, FL 33186
X Remove				
2) Change				
Add				
Remove				<u>· · · · · · · · · · · · · · · · · · · </u>
3) Change		<u> </u>	 	
Add				
Remove				
4) Change				
Add				
Remove				
5) Change		<u> </u>		
Add				
Remove				
6) Change		_		
Add				
Remove				

Attach additional sh	eets, if necessary).	icles, enter change((Be specific)			
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f an amondment n	rovides for an ovel	hange, reclassificati	on or cancellation	an of issued share	ę
provisions for imp	lementing the ame	endment if not conta	ined in the ame	ndment itself:	-1
(if not applicab	ble, indicate N/A)				
					<u> </u>
				•	

The date of each amendment(s) adoption:	SEPTEMBER 19, 2019	, if other than the
date this document was signed.		
Effective date if applicable:	SEPTEMBER 19, 2019	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not document's effective date on the Department of Sta		s, this date will not be listed as the
Adoption of Amendment(s) (CHEC	CK ONE)	
☑ The amendment(s) was/were adopted by the sha by the shareholders was/were sufficient for app		ndment(s)
☐ The amendment(s) was/were approved by the si must be separately provided for each voting gr	hareholders through voting groups. The following roup entitled to vote separately on the amendment	
"The number of votes cast for the amendr	nent(s) was/were sufficient for approval	
by		
(voting	g group)	
☐ The amendment(s) was/were adopted by the bo action was not required.	ard of directors without shareholder action and sh	areholder
☐ The amendment(s) was/were adopted by the incaction was not required.	corporators without shareholder action and shareh	older
Dated SEPTEMBER 19,	2019	
Signature PaxICA	E Walker	
(By a director, preside	int or other officer – if directors or officers have no orator – if in the hands of a receiver, trustee, or or that fiduciary)	
	atrick Walker	
(T)	ped or printed name of person signing)	
	President	
	(Title of person signing)	