P12000069321

| (Re | questor's Name) |) |
|-------------------------|------------------|--------------|
| (Ad | dress) | |
| (Ad | dress) | |
| (Cil | y/State/Zip/Phor | ne #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Na | me) |
| (Do | ocument Number |) |
| Certified Copies | _ Certificate | es of Status |
| Special Instructions to | Filing Officer: | |
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| <u>.</u> | | |

Office Use Only



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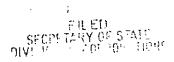
COVER LETTER

TO: Amendment Section
Division of Corporations

| NAME OF CORPO | Nostalgic Lamppo | sts & Mailboxes Plus Inc | |
|-------------------------|--|--|--|
| DOCUMENT NUMI | P12000069321 BER: | | |
| The enclosed Articles | of Amendment and fee are su | abmitted for filing. | |
| Please return all corre | spondence concerning this ma | tter to the following: | |
| | Michael Burkhart | | |
| | Nostalgic Lampposts & Mail | Name of Contact Perso boxes Plus Inc | n |
| | 451 Dogwood St | Firm/ Company | |
| | Port Charlotte, FL 33954 | Address | |
| | | City/ State and Zip Cod | e |
| nlp16 | 577@yahoo.com | | |
| | E-mail address: (to be us | sed for future annual report | notification) |
| For further informatio | n concerning this matter, pleas | se call: | |
| Michael Burkhart | | 941 at (| 223-1677 |
| | | de & Daytime Telephone Number | |
| Enclosed is a check fo | r 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) |
| Amo Divi P.O. | ching Address endment Section ision of Corporations Box 6327 ahassee, FL 32314 | Ameno Divisio Cliftor | Address Iment Section on of Corporations Building Executive Center Circle |

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



| filed with the Florida Dept. of State) |
|---|
| |
| |
| Corporation (if known) |
| orida Profit Corporation adopts the following amendment(s) |
| |
| VIA |
| " "company," or "incorporated" or the abbreviation " A professional corporation name must contain the A." |
| |
| N/A |
| |
| |
| N/A |
| |
| ss in Florida, enter the name of the |
| |
| N/A |
| |
| |
| t address) |
| address) |
| |

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: | же, ини зи | uy Smiin, Sv as an Aaa. | |
|----------------------------|--------------|-------------------------|--------------------------|
| 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 | V | James Amendola | 451 Dogwood St |
| x Add | | | Port Charlotte, FL 33954 |
| Remove | | | |
| 2) Change | | | |
| Add | | | |
| Remove | | | |
| 3) Change | _ | | |
| Add | | | |
| Remove | | | |
| 4) Change | | | |
| Add | | | |
| Remove | | | |
| 5) Change | | | |
| Add | | | |
| Remove | | | |
| 6) Change | | _ | |
| Add | | | |
| Remove | | | |

| Attach additional sh | ing additional Articles, eets, if necessary). (Be | enter change(s) h specific) | e <u>re</u> : | | |
|---------------------------|---|---|--|------------------------------|---------------------------------------|
| | N/A | | | | |
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| | | | | | · |
| <u>provisions for imp</u> | ovides for an exchange, lementing the amendme le, indicate N/A) | reclassification, nt if not containe | or cancellation of i | issued shares, at itself: | |
| | | | | | |
| | N/A | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

| The date of each amendment(s) adoption: | MARCH 24, 2016 | , if other than the |
|---|--|---------------------------------|
| date this document was signed. March 24, 2016 | 6 | |
| Effective date if applicable: | o | |
| | (no more than 90 days after amendment file date) | |
| Note: If the date inserted in this block does document's effective date on the Department of | not meet the applicable statutory filing requirements, this date will not f State's records. | ot be listed as the |
| Adoption of Amendment(s) (CI | HECK ONE) | |
| The amendment(s) was/were adopted by the by the shareholders was/were sufficient for | e shareholders. The number of votes cast for the amendment(s) approval. | |
| ☐ The amendment(s) was/were approved by the must be separately provided for each voting | he shareholders through voting groups. The following statement g group entitled to vote separately on the amendment(s): | |
| "The number of votes cast for the ame | endment(s) was/were sufficient for approval | |
| by | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | . <u>2</u> |
| (vo | oting group) | <u>56</u> |
| The amendment(s) was/were adopted by the action was not required. | e board of directors without shareholder action and shareholder | SECRETORY ON VICENTAL STATEMENT |
| The amendment(s) was/were adopted by the action was not required. | e incorporators without shareholder action and shareholder | 3 |
| March 24, 2016 Dated | | 1: 26 |
| Signature | DP ST 3/24/14 | |
| selected, by an inc | sident or other officer – if directors or officers have not been corporator – if in the hands of a receiver, trustee, or other court by by that fiduciary) | |
| Michael B | Burkhart | |
| | (Typed or printed name of person signing) | |
| DPST | • | |
| | | |

(Title of person signing)