P13000021661

	equestor's Name)	
(Re	equestors marrie)	
(A.	(due e e)	
(Ac	idress)	
(Ac	ldress)	
(Cit	ty/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
•	·	
Certified Copies	Certificates	of Status
	_	
Special Instructions to	Filing Officer:	





900264904679

10/03/14--01012--017 **35.00

SECRETARY OF STAIL SUBJECT OF CURPORATIONS

Clew:5 10-13-14

COVER LETTER

TO: Amendment Section

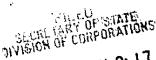
	n of Corpo	rations	et V		÷	•
NAME OF	CORPOR	ATION: American M	Mobility and Sco	oters, In	C.	
DOCUMEN		D1200002166				
The enclosed	d Articles o	of Amendment and fee are su	bmitted for filing.			
Please return	all corres	pondence concerning this ma	tter to the following:		ŗ	٠.
	, ser	Lynn₃Zovluck		,	()E	· ,
••	-		Name of Contact Perso	n	·····	•
		American Mobility	1		• • •	
•	•		Firm/ Company		- 11/2	
		8736 S.E. 165 M	ulberry Lane	*****	*;	a_{i}
	, -	i in the same of t	Address	٠.	· ·	
		The Villages, FL	32162			
			City/ State and Zip Cod	le		
	720	kzov@gmail.com				
	200		sed for future annual report	notification)		_
ċ				, , , . , . , . , . , . , . , .		
For further in	nformation	concerning this matter, pleas	se call:	. •		
LYNN ZOVLUCK		JCK	at (954	, 325-5	5508	,,,,
***************************************	Name o	f Contact Person	Area Co	de & Daytim	e Telephone N	lumber
Enclosed is	a check for	the following amount made	payable to the Florida Depa	artment of Sta	ite: `_	
S35 Filin	ng Fee	Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certified	te of Status Copy rial Copy	
.4	Amer Divis P.O.	ing Address Indirection Identification of Corporations Box 6327 hassee, FL 32314	Ameno Divisio Cliftor 2661 E	Address dment Section on of Corpora n Building Executive Cen assee, FL 323	tions: ter Circle	

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	_{RATION:} American I	Mobility and Sco	oters, Inc.	
DOCUMENT NUM	BER: P1300002166	51		
The enclosed Articles	s of Amendment and fee are su	abmitted for filing.		
Please return all corre	espondence concerning this ma	atter to the following:		
	Lynn Zovluck		•	
		Name of Contact Perso	n	
	American Mobilit	y and Scooters,	Inc.	
		Firm/ Company	7	
	8736 S.E. 165 M	ulberry Lane	The state of the s	
		Address		
·	The Villages, FL	32162		
,		City/ State and Zip Cod	e	
72	ckzov@gmail.com	•		
<u> </u>		sed for future annual report	notification)	
For further information	n concerning this matter, pleas		325-5508	
		at (954)	
Name	of Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for	or the following amount made	payable to the Florida Depa	arimeni of State:	
S35 Filling Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address			Address	
Amendment Section		Amendment Section		
Division of Corporations P.O. Box 6327		Division of Corporations: Clifton Building		
Tal	ahassee, FL 32314	2661 Executive Center Circle		
		Tallahassee, FL 32301		

Articles of Amendment to Articles of Incorporation



American Mobility and Scooter		14 DCT -3	μ. Κμ. ο
Name of Corporation as currently		. or uppare)	
	0000216	Le 1	
(Document Number	of Corporation (if known)	a	
ursuant to the provisions of section 607.1006, Flor s Articles of Incorporation:	ida Statutes, this <i>Florida Pro</i>	fit Corporation adopts the following	ng amendment(s
If amending name, enter the new name of the	corporation:		
			_The _new
ame must be distinguishable and contain the w Corp.," "Inc.," or Co.," or the designation "Co ord "chartered," "professional association," or the	rp," "Inc," or "Co". A pro	ny," or "incorporated" or the offessional corporation name must	abbreviation contain the
Enter new principal office address, if applical Principal office address <u>MUST BE A STREET A</u>			
			
•			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE E	BOX)		
			
			-
. If amending the registered agent and/or registered agent and/or the new registered	tered office address in Flor ed office address:	ida, enter the name of the	
Name of New Registered Agent			
	(Florida street address)		
New Registered Office Address:		Florida	
	(City)	(Zip Code)	_
lew Registered Agent's Signature, if changing R hereby accept the appointment as registered agen	Registered Agent: 1. I am familiar with and acc	cept the obligations of the position	,
•			
Signature of	New Registered Agent, if cha	anging	

(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 <u>PT</u> John Dee Mike Jones X Remove У <u>SV</u> X Add Sally Smith Title Type of Action Name <u>Addross</u> (Check One) Zachary Zovluck 720 W. Tropical Way 1) Change Plantation, FL 33317 Add Remove: 720 W. Tropical Way CEO Lynn Zovluck Change Plantation, FL 33317 Add Remove Change Add Remove Change Add Remove Change Add Remove · Change Add

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:

Remove

			»:	

				-
			· ·	
			<u> </u>	
			, <u>-</u>	
'an amandmant nuovidas for an anab	ongo modloggificati		on of issued shows	
an amendment provides for an excha provisions for implementing the amen	idment if not cont	on, or cancenation ined in the amer	on or issued snares. idment itself:	ı
(if not applicable, indicate N/A)'.				
				···
- · · · · · · · · · · · · · · · · · · ·				

The description 1		VALTERON.	OF STATE	
The date of each amendmen date this document was signed	t(s) adoption:	SECOND OF CO	JKPORALIENS	, if other than the
Effective date if applicable:	9/26/2014	14 OCT -3	PM 3: 17	
	(no more than 90 day	s after amendment file date)	-
Adoption of Amendment(s)	(CHECK ONE)	· ·		
The amendment(s) was/we by the shareholders was/w	re adopted by the shareholders. The numeric sufficient for approval.	her of votes cast for the am	endment(s)	
The amendment(s) was/we must be separately provide	re approved by the shareholders through ed for each voting group entitled to vote :	voting groups. The following separately on the amendmen	ng statement nt(s):	
"The number of vote	s cast for the amendment(s) was/were suf	ficient for approval		
by	(voting group)	,,,		
	(voting group)			
The amendment(s) was/we action was not required.	se adopted by the board of directors with	out shareholder action and a	hareholder	
The amendment(s) was/we astion was not required.	re adopted by the incorporators without s	hareholder action and share	holder	
Dated 9/26	5/2014	_		
Signature	Touch ?			
	y a director, president or other officer -			-
	elected, by an incorporator – if in the han pointed fiduciary by that fiduciary)	ds of a receiver, trustee, or o	other court	
•	ZACHARY ZOVLUCK			_
	(Typed or printer	d name of person signing)		
•	PRESIDENT			_
	(Title of	person signing)		_

' '=