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AUG 0 3 2017

COVER LETTÉR

TO: Amendment Section Division of Corporations

NAME OF CORPORA	HON:	ERONICA SKOPP INC.			
DOCUMENT NUMBE	R:				
	Amendment and fee are su	bmitted for filing.			
Please return all correspo	ndence concerning this ma	tter to the following:			
S	FEVEN SKOPP				
-		Name of Contact Persor	1		
S	STEVEN AND VERONICA SKOPP INC				
_		Firm/ Company			
93	3 HARBORVIEW NORT	H			
_	Address				
11	OLLYWOOD FLORIDA				
_	·	City/ State and Zip Code			
STEVE	060298@AOL.COM				
	E-mail address: (to be us	sed for future annual report	notification)		
For further information c	onceming this matter, pleas	se call:			
STEVEN SKOPP		at (de & Daytime Telephone Number		
Name of	Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check for the	ne following amount made	payable to the Florida Depa	urtment 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)		
Ameno Divisio P.O. B	g Address Iment Section on of Corporations ox 6327	Amend Divisio Clifton	Address Iment Section on of Corporations Building yearning Center Circle		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



STEVEN AND VERONICA SKOPP INC

(Name	of Corporation as curren	tly filed with the Florida Dept. of State)	9 3
P13000057740			1,
	(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, thi	s Florida Profit Corporation adopts the following a	mendment(s) to
A. If amending name, enter the new na	ame of the corporation:		
	nation "Corp." "Inc," or	on," "company," or "incorporated" or the abbr "Co". A professional corporation name must con "P.A."	reviation
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		933 HARBORVIEW NORTH	
		HOLLYWOOD FLORIDA 33019	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		933 HARBORVIEW NORTH	
		HOLLYWOOD FLORIDA 33019	
D. If amending the registered agent an new registered agent and/or the new			
Name of New Registered Agent	STEVEN SKOPP		
indicate in the instance of th	933 HARBORVIEW NO	PRTH	
	(Florida s	treet address)	
New Registered Office Address:	HOLLYWOOD	, Florida_33019	
		(City) (Zip Cod	e)
New Registered Agent's Signature, if c I hereby accept the appointment as regist		tt: with and accept the obligations of the position.	
	82-	Sport	
	Signature of New	Registered Agent Af 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	Ρ	VERONICA SKOPP	120 SW 15TH STREET	
AddRemove			POMPANO BEACH, FL 33060	
2) Change	P	STEVEN SKOPP	933 HARBORVIEW NORTH	
Add			HOLLYWOOD FLORIDA 33019	
Remove				
3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

Attach additional sheets, if necessary).	(Be specific)	
		•
· · · · · · · · · · · · · · · · · · ·		
		
	<u> </u>	

		-
		<u>.</u>
f an amendment provides for an exch	ange, reclassification, or cancellation of issued share	es,
provisions for implementing the ame	ndment if not contained in the amendment itself:	_
(if not applicable, indicate N/A)	•	
<i>a.</i> /	A)	
	/)	
,	V	
		
		-3-18-

The date of each amendment(s) ad-	option:	, if other than th
date this document was signed.		
7/25/	717	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	(no more than 90 days after amenament file date)	
Note: If the date inserted in this bl document's effective date on the Dep	ock does not meet the applicable statutory filing requirements, this date was partment of State's records.	ill not be listed as th
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were adopty the shareholders was/were suf	pted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.	
☐ The amendment(s) was/were appromust be separately provided for e	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast f	for the amendment(s) was/were sufficient for approval	
bySTEVEN AND VERO	NICA SKOPP INC	
	(voting group)	
action was not required.	pted by the board of directors without shareholder action and shareholder pted by the incorporators without shareholder action and shareholder	
7/25/17 Dated		
Signature	5 T SPORV	
(By a di selected	rector, president or other officer fif directors or officers have not been I, by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)	
	STEVEN SKOPP	
-	(Typed or printed name of person signing)	
	PRESIDENT	
-	(Title of person signing)	