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COVER LETTER

Division of Corporations NAME OF CORPORATION: Amanda Dorton, In Corporated 214 00000 2354 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: amandajdorton @ yahoo. Com For further information concerning this matter, please call: 954 205-3694-Area Code & 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 & **□\$43.75** Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed)

Mailing Address

TO: Amendment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment

Articles of Incorporation

4	Articles of incorp	oration	1	
Amanda D.	of	L-0	\int	
TI Manua 10	FTON, Inc	orpova te	<u> </u>	
(Name of Corporation as of	currently filed with the Flor	2354		
	-000000			
(Document	Number of Corporation (if kr	iown)		
Pursuant to the provisions of section 607.10 its Articles of Incorporation:	006, Florida Statutes, this <i>Flo</i>	rida Profit Corporation ado	pts the following a	amendment(s) to
A. If amending name, enter the new name	ne of the corporation:			
Amanda Dort	on, PA		7	The new
name must be distinguishable and conta "Corp.," "Inc.," or Co.," or the designa- word "chartered," "professional association	tion "Corp," "Inc," or "Co	". A professional corporati	ited" or the abb	reviation
B. Enter new principal office address, if (Principal office address MUST BE A ST				
			· · · · · · · · · · · · · · · · · · ·	
	•	<u></u> .	7 200	
C. Enter new mailing address, if applications (Mailing address MAY BE A POST O.				
(maining maress <u>MAT BE A FOST O</u>	PPICE BOX			
				[77]
D. If amending the registered agent and	or registered office address	s in Florida, enter the name	of the	
new registered agent and/or the new	registered office address:			
Name of New Registered Agent				
	(Florida street	address)		
New Registered Office Address:		, Florida		
	(City)		(Zip Code)	
New Registered Agent's Signature, if ch	anging Registered Agent:			
I hereby accept the appointment as register		and accept the obligations	of the position.	
Sign	nature of New Registered Age	nt, 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			
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
🗖 🚙			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
The professional purpose of the
The professional purpose of the corporation shall be real estate.
,
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,
provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

The date of each amendment(s) adoption: March 2014 date this document was signed.	, if other than th
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast 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 3/12/14	
Signature (SMOULDA X OUT)	
(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)	
- Amanda Dorton	
(Typed or printed name of person signing)	
Amanda Dorton (Typed or printed name of person signing) President	
(Title of person signing)	