P140000 94 904

| (Re | equestor's Name) | |
|-------------------------|----------------------|--------|
| (Ad | dress) | |
| (Ad | ldress) | |
| (Ci | ty/State/Zip/Phone # |) |
| PICK-UP | WAIT | MAIL |
| (Bu | usiness Entity Name) | , |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates of | Status |
| Special Instructions to | Filing Officer: | |
| | | |
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Office Use Only



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COVER LETTER

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TO: Amendment Section

| Division of Corpo | orations | , | |
|-------------------------|---|--|--|
| NAME OF CORPOR | RATION: WINSLOW ENTE | ERPRISES INC | |
| DOCUMENT NUMI | D1.4000004004 | | |
| The enclosed Articles | of Amendment and fee are su | bmitted for filing. | |
| Please return all corre | spondence concerning this ma | itter to the following: | |
| | BARBARA WINSLOW | | |
| | | Name of Contact Person | n |
| | WINSLOW ENTERPRISES | INC | |
| | | Firm/ Company | |
| | 18303 MACEK RD | | |
| | | Address | |
| | BROOKSVILLE FL 34614 | | |
| | | City/ State and Zip Cod | e |
| BWI | NSLOW9020@GMAIL.COM | i | |
| | • | sed for future annual report | notification) |
| | | · | , |
| For further information | n concerning this matter, pleas | se call: | |
| BARBARA WINSLO |)W | at (772 | 538-5769 |
| Name o | of Contact Person | | de & Daytime Telephone Number |
| Enclosed is a check fo | r the following amount made | payable to the Florida Depa | artment of State: |
| S35 Filing Fee | ☐\$43.75 Filing Fee & Certificate of Status | □\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) |
| | ling Address | · · · · · · · · · · · · · · · · · · · | Address |
| | endment Section sion of Corporations | | lment Section in of Corporations |
| | Box 6327 | | entre of Tallahassee |
| Talla | nhassee, FL 32314 | | N. Monroe Street, Suite 810 ussee, FL 32303 |

Articles of Amendment to Articles of Incorporation of

| WINSL | ow | ENT | TERPR | ISES | INC |
|-------------|----|------|--------|------|------|
| 44 11 A O L | | Lila | I DOLL | LOEA | HYC. |

| (<u>Name of C</u>) | orporation as curren | tly filed with the Florida Dept. | of State) | | | |
|---|---|---|--------------|----------|----------|-------------|
| P14000094904 | | | | | | |
| | (Document Number | of Corporation (if known) | | • | | |
| Pursuant to the provisions of section 607.1006 as Articles of Incorporation: | 5, Florida Statutes, thi | s <i>Florida Profit Corporation</i> ad | opts the fol | llowing | amer | ndment(|
| A. If amending name, enter the new name | of the corporation: | | | | | |
| N/A | | | | | The | new |
| ame must be distinguishable and contain the Inc.," or Co.," or the designation "Corp, chartered," "professional association," or t | " "Inc," or "Co". | A professional corporation na | | | ı "Co | rp.," |
| . Enter new principal office address, if ap | onlicable: | 18303 MACEK RD | | | | |
| Principal office address MUST BE A STRE | | BROOKSVILLE, FL 3461 | 4 | | | _ |
| | | | <u> </u> | <u>.</u> | 9 | |
| | | | <u></u> | | <u> </u> | |
| Enter new mailing address, if appli | | 18303 MACEK RD | _ | P . | | |
| | | 18303 MACEK RD | <i>:</i> | 6 | \sim | ŗ |
| (Mailing address MAY BE A POST OFF | | 18303 MACEK RD BROOKSVILLE, FL 34614 | , , | .6 m. | ~ | |
| | | | | مېد | 27 据 88 | |
| | | | | | 元 | |
| (Mailing address MAY BE A POST OFF | TCE BOX) registered office ad | BROOKSVILLE, FL 34614 | | | 7 # 80 | |
| (Mailing address MAY BE A POST OFF If amending the registered agent and/or new registered agent and/or the new reg | TCE BOX) registered office ad | BROOKSVILLE, FL 34614 | | | 7 # 80 | |
| (Mailing address MAY BE A POST OFF | TCE BOX) registered office ad | BROOKSVILLE, FL 34614 | | | 7 # 80 | |
| (Mailing address MAY BE A POST OFF If amending the registered agent and/or new registered agent and/or the new reg | TCE BOX) registered office adgistered office addre | BROOKSVILLE, FL 34614 dress in Florida, enter the namess: | | | 7 # 80 | |
| If amending the registered agent and/or new registered agent and/or the new registered Agent Name of New Registered Agent | registered office ad gistered office address | BROOKSVILLE, FL 34614 dress in Florida, enter the namess: treet address) | e of the | Collor | 7 # 80 | |
| Mailing address MAY BE A POST OFF If amending the registered agent and/or new registered agent and/or the new registered Agent Name of New Registered Agent | TCE BOX) registered office adgistered office addre | BROOKSVILLE, FL 34614 dress in Florida, enter the namess: treet address) OOKSVILLE | e of the | | 7 张 8 0 | |

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 Doc | | |
|----------------------------|--------------|--------------------------------------|------------------------|--|
| 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 | D | EARL SOINSKI | 7828 FLORAL DR | |
| Add | | | WEEKI WACHEE, FL 34607 | |
| X Remove | | | | |
| 2) Change | PD | JOHN WINSLOW | 18303 MACEK | |
| X_Add | | | BROOKSVILLE, FL 34614 | |
| Remove 3) X Change | VT | BARBARA WINSLOW | 18303 MACEK RD | |
| Add | | | BROOKSVILLE, FL 34614 | |
| Remove | | | | |
| 4) Change | | _ | | |
| Add | | | | |
| Remove | | | | |
| 5) Change | | | | |
| Add | | | | |
| Remove | | | | |
| 6) Change | | | | |
| Add | | | | |
| Remove | | | | |
| | | Page 2 of 4 | | |
| E. If amending or adding | ng additi | onal Articles, enter change(s) here: | | |
| (Attach additional she N/A | ets, if nec | ressary). (Be specific) | | |

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| 7. If an amendment provides for an exchange, reclass provisions for implementing the amendment if no (if not applicable, indicate N/A) | ot contained in the amendment itself: | |
| N/A | | |
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| | Page 3 of 4 | |
| The date of each amendment(s) adoption: 11/22/2019 |) | , if other than the |
| ate this document was signed. | | |
| ffective date if applicable: | | |
| | re than 90 days after amendment file date) | ··· |

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

| Adoption of Amendment(s) | (CHECK ONE) |
|--|---|
| The amendment(s) was/were adopt by the shareholders was/were suffi | ed by the shareholders. The number of votes cast for the amendment(s) cient for approval. |
| • | ved by the shareholders through voting groups. The following statement ch voting group entitled to vote separately on the amendment(s): |
| "The number of votes cast for | the amendment(s) was/were sufficient for approval |
| bv | ."' |
| | (voting group) |
| ☐ The amendment(s) was/were adopte action was not required. | ed by the board of directors without shareholder action and shareholder |
| ☐ The amendment(s) was/were adopte action was not required. | ed by the incorporators without shareholder action and shareholder |
| Dated | |
| Signature | Barbara Window |
| | ctor, president or other officer – if directors or officers have not been |
| | by an incorporator – if in the hands of a receiver, trustee, or other court fiduciary by that fiduciary) |
| | |
| <u>B.</u> | ARBARA WINSLOW |
| | (Typed or printed name of person signing) |
| PI | RESIDENT |
| (Ti | tle of person signing) |