## PILIONARIO

| (Re                     | equestor's Name)   |             |
|-------------------------|--------------------|-------------|
| (Ad                     | ldress)            |             |
| (Ad                     | ldress)            |             |
| (Cit                    | ty/State/Zip/Phone | e #)        |
| PICK-UP                 | ☐ WAIT             | MAIL        |
| (Bu                     | ısiness Entity Nan | ne)         |
| (Do                     | ocument Number)    |             |
| Certified Copies        | _ Certificates     | s of Status |
| Special Instructions to | Filing Officer:    |             |
|                         |                    |             |
|                         |                    |             |
|                         |                    |             |
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**600299409746** 05/22/17--01034--014 \*\*35.00

And

MAY 26 2017 R. WHITE

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

| NAME OF CORPO           | RATION: MARYLOU ENTI  | ERPRISES, INC  |   |
|-------------------------|---|--|---|
| DOCUMENT NUM            | D14000006410  |  |   |
| The enclosed Articles   | s of Amendment and fee are su   | bmitted for filing.  |   |
| Please return all corre | espondence concerning this ma   | tter to the following:   |   |
|                         | MARY DRAMIS   |  |   |
|                         |   | Name of Contact Person   | 1   |
|                         | MARYLOU ENTERPRISE  | S, INC   |   |
|                         |   | Firm/ Company  |   |
|                         | 4604 BUSTI DRIVE  |  |   |
|                         |   | Address  |   |
|                         | SARASOTA, FL 34232  |  |   |
|                         |   | City/ State and Zip Code   | 2   |
| HSM                     | (NSNFL4@YAHOO.COM   |  |   |
| <del></del>             |   | sed for future annual report                                       | notification)   |
|                         |   | ·  |   |
| For further information | on concerning this matter, pleas  | se call:   |   |
| MARY DRAMIS             |   | at (_941   | 356-0414  |
| Name                    | of Contact Person   |  | de & Daytime Telephone Number   |
| Enclosed is a check for | or the 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)    |
| Am<br>Div<br>P.C        | tiling Address tendment Section vision of Corporations D. Box 6327 lahassee, FL 32314 | Amend<br>Divisio<br>Clifton<br>2661 E                              | Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301 |

## **Articles of Amendment**

to

Articles of Incorporation of

17 HAY 22 TE H: 29

| MARYLO   | U ENTERPRES                   | ES, INC 3<br>tly filed with the Florida I       | 2 (60.1)  |
|--|-------------------------------|---|---|
| P14000096410   | ot Corporation as curren      | tly filed with the Florida 1                    | Jept. of State)   |
|  | (Document Number              | of Corporation (if known)                       |   |
| Pursuant to the provisions of section 607, its Articles of Incorporation:  | .1006, Florida Statutes, this | s Florida Profit Corporatio                     | n adopts the following amendment(s                            |
| A. If amending name, enter the new na  | ame of the corporation:       |   |   |
|  |                               |   | The new   |
| name must be distinguishable and con<br>"Corp.," "Inc.," or Co.," or the design<br>word "chartered," "professional associa | nation "Corp." "Inc." or      | "Co". A professional cor,                       | orporated" or the abbreviation poration name must contain the |
| B. Enter new principal office address,   |                               |   |   |
| (Principal office address <u>MUST BE A S</u>   | TREET ADDRESS )               |   |   |
|  |                               |   |   |
|  |                               |   |   |
| C. Enter new mailing address, if appli<br>(Mailing address MAY BE A POST   |                               |   |   |
| (Mutting duaress MAT BE A POST   | <u>OFFICE BOX</u> )           |   | <del> </del>  |
|  |                               |   | ····  |
|  |                               |   |   |
| D. If amending the registered agent ar   | nd/or registered office add   | dress in Florida, enter the                     | name of the   |
| new registered agent and/or the new  |                               |   |   |
| Name of New Registered Agent   | MARY DRAMIS                   |   |   |
|  | 4604 BUSTI DRIVE              |   |   |
|  | (Florida s                    | treet address)                                  |   |
| New Registered Office Address:   | SARASOTA                      |   | . Florida 34232   |
| New Registered Office Address.   |                               | (City)  | , Florida<br>(Zip Code)                                       |
|  |                               |   |   |
| ·  |                               |   |   |
| New Registered Agent's Signature, if e<br>I hereby accept the appointment as regist  | hanging Registered Agen       | i <mark>t:</mark><br>with and accept the obliga | itions of the position  |
| r northly accept the appointment to regist   | M. S                          | with and accept the orange                      | иоть од те ромиот.  |
|  | Signature of New              | Registered Agent if change                      | ino   |
|  | Signature of New              | Registered Agent, if changi                     | ing   |

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                  | VPD          | LOUIS DRAMIS     | 5371 VILLAGE MARKET     |
| Add                        |              |                  | WESLEY CHAPEL, FL 33544 |
| X Remove                   |              |                  | * ****                  |
| 2) Change                  | STD          | MICHAEL V DRAMIS | 4604 BUSTI DRIVE        |
| Add                        |              |                  | SARASOTA, FL 34232      |
| X Remove                   |              |                  |                         |
| 3) Change                  | TD           | LORRAINE DRAMIS  | 4604 BUSTI DRIVE        |
| Add                        |              |                  | SARASOTA, FL 34232      |
| X Remove                   |              |                  |                         |
| 4) Change                  |              |                  |                         |
| Add                        |              |                  |                         |
| Remove                     |              |                  |                         |
| 5) Change                  | <del></del>  |                  |                         |
| Add                        |              |                  |                         |
| Remove                     |              |                  |                         |
| 6) Change                  |              |                  |                         |
| Add                        |              |                  |                         |
| Remove                     |              |                  |                         |

| Attach addition | adding additional Ar<br>al sheets, if necessary)                          | (Be specific)                          |                                       |                                       |   |   |
|-----------------|---|--|---------------------------------------|---------------------------------------|---|---|
|                 |   | ··                                     |                                       |                                       |   |   |
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| provisions for  | ent provides for an ex-<br>implementing the an<br>olicable, indicate N/A) | change, reclassif<br>tendment if not ( | ication, or cance<br>contained in the | ellation of issued<br>amendment itsel | shares,<br>f:                           |   |
|                 |   |  |                                       | ·                                     |   |   |
|                 |   |  |                                       |                                       | *************************************** |   |
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|                 |   |  |                                       |                                       |   |   |

| The date of each amendment(s) adoption:  | , if other than th                    |
|--|---------------------------------------|
| date this document was signed.   |                                       |
| 05/17/2017<br>Effective date <u>if applicable</u> :  |                                       |
| (no more than 90 days after amendment file date)   |                                       |
| Note: If the date inserted in this block does not meet the applicable statutory filing requirements document's effective date on the Department of State's records.                              | s, this date will not be listed as th |
| Adoption of Amendment(s) (CHECK ONE)   |                                       |
| ☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) was/were sufficient for approval.   | ndment(s)                             |
| ☐ The amendment(s) was/were approved by the shareholders through voting groups. The following must be separately provided for each voting group entitled to vote separately on the amendment     |                                       |
| "The number of votes cast for the amendment(s) was/were sufficient for approval  |                                       |
| by   |                                       |
| by   |                                       |
| ☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shaction was not required.  |                                       |
| The amendment(s) was/were adopted by the incorporators without shareholder action and shareh action was not required.  | older                                 |
| 05/17/2017<br>Dated  |                                       |
| (By a director, president or other officer - if directors or officers have n selected, by an incorporator - if in the hands of a receiver, trustee, or or appointed fiduciary by that fiduciary) |                                       |
| MARY DRAMIS  |                                       |
| (Typed or printed name of person signing)  |                                       |
| PRESIDENT  |                                       |
| (Title of person signing)  |                                       |