## P150000 38890

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Status

Office Use Only



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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

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NAME OF CORPORATION:	Gruenwald Corpo	oration	
DOCUMENT NUMBER:	P1500003889	90	
_		Lucies of the Cities	
The enclosed Articles of Amend	ment and fee are su	ibmilied for filing.	
Please return all correspondence	concerning this ma	tter to the following:	
Manfre	ed Welfonder		
	-	Name of Contact Per	son
Gruen	wald Corporati	on	
<del></del>		Firm/ Company	
P.O. B	ox 8346		
		Address	
Longb	oat Key, FL 34	1228	
		City/ State and Zip C	ode
gruenwaldo	corporation@o	utlook.com	
~		sed for future annual repo	ort notification)
For further information concerni	ng this matter, pleas	se call:	
Manfred Welfonder		at (	320-9587
Name of Contact	Person	Area	Code & Daytime Telephone Number
Enclosed is a check for the follo	wing amount made	payable to the Florida D	epartment of State:
	3.75 Filing Fee & crtificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Add	ress		et Address
Amendment S			endment Section
Division of Co P.O. Box 632	•		ision of Corporations ton Building
Tallahassee, F			1 Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

FILED 2010 SEP 24 P 4- 188

(Name of Corporation as currently filed with the Florida Dept. of State) Gruenwald Corporation P15000038890 (Document Number of Corporation (if known) Pursuant to the provisions of section 607,1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: n/a The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." 5500 Bee Ridge Road, Suite 105 B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) c/o CPA C. Monville Sarasota, FL 34233 C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address 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) 5500 Bee Ridge Road, Suite 105, Sarasota New Registered Office Address (City) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position. Signature of New Registered Agent, 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.

X Change	<u>PT 1</u>	l <u>ohn Doc</u>	
X Remove	<u>v</u> <u>v</u>	Mike Jones	
X Add	<u>sv</u> <u>s</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Address</u>
1) Change	PD	Karin Peerebooms	5652 Marquesas Circle / Palmer Accounting Grp. Bldg
Add			Sarasota, FL 34233
X Remove			
2) Change	D	Manfred Welfonder	P.O. Box 8346
X Add			Longboat Key, FL 34228
Remove			
3) Change			
Add			
Remove			
Kenave			
4)Change			
Remove			
5) Channe			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or a (Attach additional	dding additional	Articles, enter	<u>r change(s) her</u> citic)	<u>e</u> :		
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If an amendment	t provides for an	exchange, rec	lassification, or	cancellation o	f issued shares.	L
(if not appli	mplementing the cable, indicate N	<u>: amenoment II</u> /A)	not contained	in the amendm	ent itseir:	
'a		•				
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The date of each amendment(s)	9-21-2018	_, if other than the
date this document was signed.	•	_, ii otijei tilan tik
	9-21-2018	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	<del></del>
Note: If the date inserted in this document's effective date on the	s block does not meet the applicable statutory filing requirements, this date will n Department of State's records.	ot be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were a by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	
"The number of votes ca	ast for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
☐ The amendment(s) was/were a action was not required.	adopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were a action was not required.	adopted by the incorporators without shareholder action and shareholder	
9-21	-2018	
Signature	N. Nelce	
(By a selec	a director, president or other officer – if directors or officers have not been sted, by an incorporator – if in the hands of a receiver, trustee, or other court sinted fiduciary by that fiduciary)	•
	Manfred Welfonder	
	(Typed or printed name of person signing)	<del></del>
	Director	
	(Title of person signing)	