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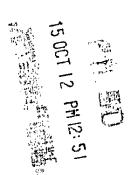
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COVER LETTER

Division of Corporations CHEFS of Mapoli NJM INC NAME OF CORPORATION: 47-3956515 DOCUMENT NUMBER: __ The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Micholas Marrone Name of Contact Person of Hapoli HSM FHC Powell RD. ring Hill Fl. 34609 E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Michalas Marrone Name of Contact Person at (<u>352</u>) <u>585-1947</u> Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: ☐ \$35 Filing Fee \$52.50 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy enclosed) (Additional Copy

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

is enclosed)

Articles of A	
to Articles of Inc	
of	1 10 m
CHEFS of A	Papoli NIM INCO 5
(Name of Corporation as current	ly filed with the Florida Dept. of State)
47-396	6515 P1500004060C
(Document Number o	f Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	2103 Mariner BUD. Spring Hill Fl. 34609
C. Enter new mailing address, if applicable:	1,202 1 1 1201
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	10352 LanstielDSt.
	Spring Hill Fl.
D. If amending the registered agent and/or registered office add	
new registered agent and/or the new registered office addres	<u>s:</u>
Name of New Registered Agent 1	
, , ,	'
(Florida st	reet address)
Num Projectived Office Address	Florida
New Registered Office Address:	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agen	
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
2	

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 Doc 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	SV	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address .
1) Change		_ N/A	
Ad d			
Remove			
2) Change	WALES .	NA	·
Add		,	
Remove			
3)Change			
Add	•		
Remove		•	
4) Change			
Add			<u> </u>
Remove			
5) Change		We will be a second of the sec	
Add		•	
Remove			
6) Change		•	
Add			
Remove		•	

	l sheets, if necessary).				
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ovisions for	implementing the amo	endment if not cont	ained in the amend	nent itself:	
(if not appl	icable, indicate N/A)				
		<u>N</u>	^		
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The date of each amendment(s) adoption: date this document was signed. if other than the date this document was signed.
Effective date if applicable:
(no indre thlm 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 adopted by the shareholders. The number of votes east 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
Signature And Mussion
(By a director, president or other of iteer - 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)
Micholas Marrone (Typed or printed name of person signing)
MINEN
(Title of person signing)