

| (Re                                     | equestor's Name)   |             |  |  |
|---|--------------------|-------------|--|--|
| (Address)                               |                    |             |  |  |
| (Ac                                     | ddress)            | <u>, .</u>  |  |  |
| (Ci                                     | ty/State/Zip/Phone | e #)        |  |  |
|   | ☐ WAIT             |             |  |  |
| (Business Entity Name)                  |                    |             |  |  |
| (Document Number)                       |                    |             |  |  |
| Certified Copies                        | _ Certificates     | s of Status |  |  |
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R. WHILL

## **COVER LETTER**

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: F.G. Unlimited **DOCUMENT NUMBER:** 1 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Mary Ellen Starnes Name of Contact Person F.G. Unlimited r irm/ Company 6313 Cheryl St Address Orlando, Fl 32819 City/ State and Zip Code maryellen.starnes@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (321 Area Code & Daytime Telephone Number Mary Ellen Starnes Name of Contact Person 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 Certificate of Status Certified Copy Certified Copy (Additional copy is enclosed) (Additional Copy is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section Division of Corporations **Division of Corporations** P.O. Box 6327 Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

## Articles of Amendment to Articles of Incorporation of

| F.G. Unlimited   | 15 NOV -2 PN 1: 17   |
|--|--|
| (Name of Corporation   | on as currently filed with the Florida Dept. of State)   |
|  | TALLAHADO E ELORUA.  |
| (Docum   | nent Number of Corporation (if known)  |
| Pursuant to the provisions of section 607.1006, Floridats Articles of Incorporation:   | a Statutes, this Florida Profit Corporation adopts the following amendment(s)  |
| A. If amending name, enter the new name of the co  | orporation:  |
|  | The new  |
| name must be distinguishable and contain the word<br>"Corp.," "Inc.," or Co.," or the designation "Corp,<br>word "chartered," "professional association," or the | d "corporation," "company," or "incorporated" or the abbreviation," "Inc," or "Co". A professional corporation name must contain the |
| Enter new principal office address, if applicable  |  |
| (Principal office address <u>MUST BE A STREET ADD</u>  | <u>ORESS</u> )   |
|  |  |
|  |  |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO.   | <u>X</u> )   |
|  |  |
|  |  |
| D. If amending the registered agent and/or register new registered agent and/or the new registered   |  |
| Name of New Registered Agent   |  |
|  |  |
|  | (Florida street address)   |
| N D 1 1000 111   |  |
| New Registered Office Address:   | , Florida<br>(City) (Zip Code)   |
|  |  |
|  |  |
| New Registered Agent's Signature, if changing Reg  | istered Agent  |
|  | I am familiar with and accept the obligations of the position.   |
| , ,  | , , ,  |
|  |  |
|  |  |
| Sign   | nature 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.

| 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                  |              | Ryann Frost | 6313 Cheryl St    |
| Add X Remove               |              |             | Orlando, Fl 32819 |
| 2) Change Add              |              |             |                   |
| Remove 3) Change           |              |             |                   |
| Add                        |              |             |                   |
| 4) Change Add              | <del></del>  |             |                   |
| Remove                     |              |             |                   |
| 5) Change Add              |              |             |                   |
| Remove                     |              |             |                   |
| 6) Change Add              | <del> </del> |             |                   |
| Remove                     |              |             |                   |

| E. If amending or adding additional Articles, enter change(s) here:  (Attach additional sheets, if necessary). (Be specific) |  |  |  |  |
|--|--|--|--|--|
| ,  | (22 3/203/10)  |  |  |  |
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| F. If an amendment provides for an exch  | ange, reclassification, or cancellation of issued shares, idment if not contained in the amendment itself: |  |  |  |
| (if not applicable, indicate N/A)  |  |  |  |  |
| Remove Ryann Fro   | st computely   |  |  |  |
| Redistribure shares to CEO/President: Mary   |  |  |  |  |
|  |  |  |  |  |
| So the distributuion is as follows: 24% Chel   | sea Frost (Secretary/Vice President)   |  |  |  |
| Mary Ellen Starnes: 76% (CEO/President)  |  |  |  |  |
|  |  |  |  |  |
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| The date of each amendment(s) adoption:   | , if other than the                             |
|---|---|
| date this document was signed.  |   |
| Effective date if applicable:   |   |
| (no more than 90 days after amendmen  | t file date)                                    |
| <b>Note:</b> If the date inserted in this block does not meet the applicable statutory filing redocument's effective date on the Department of State's records.                       | quirements, this date will not be listed as the |
| Adoption of Amendment(s) ( <u>CHECK ONE</u> )   |   |
| ☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast f by the shareholders was/were sufficient for approval.   | or the amendment(s)                             |
| ☐ The amendment(s) was/were approved by the shareholders through voting groups. The must be separately provided for each voting group entitled to vote separately on the experiments. |   |
| "The number of votes cast for the amendment(s) was/were sufficient for approva  | ıl  |
| by  | ,,<br>,   |
| (voting group)  |   |
| ☐ The amendment(s) was/were adopted by the board of directors without shareholder ac action was not required.   | tion and shareholder                            |
| The amendment(s) was/were adopted by the incorporators without shareholder action action was not required.  | and shareholder                                 |
| 10/15/2015<br>Dated   |   |
| Signature MS  |   |
| (By a director, president or other officer – if directors or offi selected, by an incorporator – if in the hands of a receiver, trappointed fiduciary by that fiduciary)              |   |
| Mary Ellen Starnes  |   |
| (Typed or printed name of person signing  | )   |
| CEO/President   |   |
| (Title of person signing)   | · · · · · · · · · · · · · · · · · · ·           |