

P15000041637

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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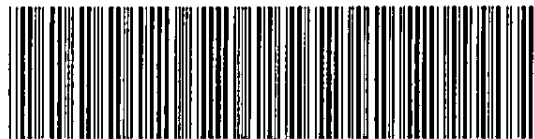
(Business Entity Name)

(Document Number)

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2024 OCT -1 PM 1:26
SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: OLD CONCH, INC.

DOCUMENT NUMBER: P15000041637

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Angelica Rosado

Name of Contact Person

Firm/ Company

PO Box 281

Address

Aguada, PR 00602

City/ State and Zip Code

angelicalynne@gmail.com

E-mail address: (to be used for future annual report notification)

SECRET
OCT - 1 PM 1:26
TALLAHASSEE, FL

For further information concerning this matter, please call:

Angelica Rosado

at (305) 363-9383

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department 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)

Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment
to
Articles of Incorporation
of

OLD CONCH, INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

P15000041637

(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."

**B. Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)**

N/A

**C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)**

PO BOX 281 AGUADA, PR 00602

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 N/A

(Florida street address)

New Registered Office Address: N/A
(City) (Zip Code)

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

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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:

☒ Change PT John Doe

☐ Remove V Mike Jones

☒ Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change	<u>S</u>	<u>ANGELICA ROSADO</u>	<u>PO BOX 281 AGUADA PR 00602</u>
<input checked="" type="checkbox"/> Add			
<input type="checkbox"/> Remove			
2) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
3) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

2021 OCT -1 PM 1:26
SECRETARY
FALLA

2021 OCT -1 PM 1:26
SECRETARY
FALLA

2023 OCT -1
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TALLAHASSEE

[illegible]

202 OCT -1 PM 1:26
SECRETARY OF DEFENSE
TALLAHASSEE, FL

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 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 incorporators, or board of directors without shareholder action and shareholder action was not required.

☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast 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)

SEPTMBER 19, 2024
Dated _____

Signature _____

(By a director, president or other officer – 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)

ANGELICA ROSADO

(Typed or printed name of person signing)

PERSONAL REPRESENTATIVE of the Estate of Brycclynne A. Borden

(Title of person signing)

2024 OCT -1 PM 1:26
SECRETARY OF STATE
TALLAHASSEE, FL

IN THE CIRCUIT COURT FOR MONROE COUNTY, FLORIDA

IN RE: ESTATE OF

PROBATE DIVISION

BRYCELYNNE ANGEL BORDEN

File No. 24-CP-432-P

Division: Plantation Key

Deceased.

**LETTERS OF ADMINISTRATION
(single personal representative)**

TO ALL WHOM IT MAY CONCERN

WHEREAS, Brycelynne Angel Borden, a resident of Monroe County, Florida, died on July 29, 2024, owning assets in the State of Florida, and

WHEREAS, Angelica Lynne Rosado has been appointed personal representative of the estate of the decedent and has performed all acts prerequisite to issuance of Letters of Administration in the estate,

NOW, THEREFORE, I, the undersigned circuit judge, declare Angelica Lynne Rosado duly qualified under the laws of the State of Florida to act as personal representative of the estate of Brycelynne Angel Borden, deceased, with full power to administer the estate according to law; to ask, demand, sue for, recover and receive the property of the decedent; to pay the debts of the decedent as far as the assets of the estate will permit and the law directs; and to make distribution of the estate according to law.

ORDERED on Friday, August 30, 2024.

44-2024-CP-000432-A001PK08/30/2024 08:40:33 AM

Judge Luis Garcia, Circuit Judge
44-2024-CP-000432-A001PK08/30/2024 08:40:33 AM

STATE OF FLORIDA
COUNTY OF MONROE

This copy is a True Copy of the
Original on File in this Office. Witness
My hand and Official Seal
And that same is in full force and effect

This 3 day of Sept

A.D., 20 24
KEVIN MADOK, CPA
Clerk Circuit Court

Cc:
Robert K. Miller, Esq.
rmiller@floridakeyslaw.com
service@floridakeyslaw.com

