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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: Opinion's Lounge,	Inc.			
DOCUMENT NUMBER: P15000042271					
	of Amendment and fee are su	abmitted for filing.			
Piease return all corres	spondence concerning this ma	atter to the following:			
	Dorothy Johnson				
		Name of Contact Perso	. <u></u>		
	Diversified Taxes & Financia		•		
					
	Firm/ Company 13154 Spring Hill Dr				
	Address				
	Spring Hill El 24600	Addiess			
	Spring Hill, FL 34609				
		City/ State and Zip Cod	e		
dorotl	ny@diversifiedtaxes1.com		V		
	E-mail address: (to be us	sed for future annual report			
For further information	concerning this matter, pleas	se call:			
Dorothy Johnson		at (³⁵²	683-5198		
Name o	of Contact Person		de & Daytime Telephone Number		
		, 00	av et buyuna retepnono rumoe.		
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:		
S35 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		Amend Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Opinion's Lounge, Inc.	
(Name of Corporati	ion as currently filed with the Florida Dept. of State)
P15000042271	
(Docur	nent Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florid its Articles of Incorporation:	a Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the co	orporation:
	The new
	rd "corporation," "company," or "incorporated" or the abbreviation p," "Inc," or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable	e:
(Principal office address <u>MUST BE A STREET ADI</u>	DRESS)
	The second secon
C. Enter new mailing address, if applicable:	in the second of
(Mailing address MAY BE A POST OFFICE BO	<u>)X</u>)
	·
D. If amending the registered agent and/or registerew registered agent and/or the new registered	red office address in Florida, enter the name of the office address:
Name of New Registered Agent	
	(Florida street address)
N D : 100 411	Flavid.
New Registered Office Address:	, Florida (City) (Zip Code)
New Registered Agent's Signature, if changing Reg	
I hereby accept the appointment as registered 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 Do	<u>e</u>	
X Remove	<u>V</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	nith	
Type of Action (Check One)	Title		Name	<u>Addres</u> s
1) Change	VST	_	Penny Tocco	PO Box 615
x Add		_		Aripeka, FL 34679
Remove				
2) X Change	P		Heather Tocco	17544 Carthage Ave
Add				Spring Hil, FL 34610
Remove				
3) Change		<u>_</u>		
Add				
Remove				
1) Chara				
4) Change		_		<u> </u>
Add				
Remove				
5)Change		<u> </u>		
Add				
Remove				
Change				
6) Change		_		
Add				
IC PHY/MA				

E. If amending or adding additional Artic (Attach additional sheets, if necessary).	(Be specific)
•	
	
	
	
F. If an amendment provides for an excha	ange, reclassification, or cancellation of issued shares, idment if not contained in the amendment itself:
(if not applicable, indicate N/A)	different if not contained in the amendment testing
Heather Tocco-Burke remains as President v	with 40% of Shares. Penny Tocco is being added to business as Vice President
Secretary and Treasurer with 60% of Stock s	shares

The date of each amendment(s) ad date this document was signed.	option:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file da	te)
Note: If the date inserted in this b document's effective date on the De	lock does not meet the applicable statutory filing requirement partment of State's records.	ents, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were ado by the shareholders was/were sur	pted by the shareholders. The number of votes cast for the afficient for approval.	mendment(s)
	roved by the shareholders through voting groups. The follow each voting group entitled to vote separately on the amendm	
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were ado action was not required.	pted by the board of directors without shareholder action and	l shareholder
☐ The amendment(s) was/were ado action was not required.	pted by the incorporators without shareholder action and sha	reholder
Dated	72-18	
selected	rector, president or other officer – if directors or officers have labeled an incorporator – if in the hands of a receiver, trustee, of ed fiduciary by that fiduciary)	
	Heather Tocco-Burke	
	(Typed or printed name of person signing)	
	President	

(Title of person signing)