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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Selec	ct Machine	ry Inc.	
DOCUMENT NUMBER: P 15	000073	380 FRC2	
The enclosed Articles of Amendment and fee are s	ubmitted for filing.	52,	
Please return all correspondence concerning this ma	atter to the following:		
Elaine	Koelmel		
	Name of Contact Person	1	
_ Select A	Machinery : Firm/Company	Inc	
4570	Ashton Ro	pad	
_ Saras	City/ State and Zip Cod	34233	
select.m	achineryin	notification)	
E-mail address: (to be u	sed for future annual-report	notification)	
For further information concerning this matter, plea	se call:		
Elaine Koelmel Name of Contact Person	at (941	960 1970 de & Daytime Telephone Number	
Name of Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for the following amount made	payable to the Florida Depa	artment of State:	
\$35 Filing Fee \$\times \text{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		Address	
Amendment Section	Amendment Section		

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

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

				6 6%
(Name of Con	rporation as currently f	led with the Flori	da Dept. of State)	The gar
Select N	lachinery	Inc.	P150000	133 80 3
	(Document Number of Co	Prporation (if know	m)	7
Pursuant to the provisions of section 607.1006, its Articles of Incorporation:	Florida Statutes, this Flo	rida Profit Corpor	ration adopts the folio	wing amendmen
A. If amending name, enter the new name o	f the corporation:			
				The new
name must be distinguishable and contain t. "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association,"	"Corp," "Inc," or "Co	". A professional		e abbreviation
B. Enter new principal office address, if app (Principal office address MUST BE A STREE				
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFFI				
D. If amending the registered agent and/or new registered agent and/or the new regi		in Florida, enter	the name of the	
Name of New Registered Agent				
	(Florida street	address)		
Name Brains and Office Address			Clastile.	
New Registered Office Address:	(Ci	'y)	, Florida	Zip Code)
New Registered Agent's Signature, if changi I hereby accept the appointment as registered a		and accept the ob	ligations of the position	on.
	Signature of New Regi	stered Agent if ch	anoino	
	- o o j 1.o , no g .			

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	PT John D	<u>ooe</u>	
X Remove	<u>V</u> <u>Mike J</u>	<u>ones</u>	
_X Add	SV Sally S	<u>smith</u>	
Type of Action (Check One)	Title	Name	Address
1) Change	President	Henry Koelmel	4590 Ashton Road
Add			Sarasota, FL 34233
Remove		hime address;	4067 Green Tree Avenue Sarasota FL 34233
2) Change	(<u>s)</u>	Elaine Koelmel	4590 Ashton Road
→ Add	Secretary		Sarasota FL 34233
Remove		home address;	4067 Green Tree Avenue Sarasota FL 34233
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
0 0			
6) Change			
Add			
Remove			

	dding additional Articles I sheets, if necessary). (E	3e specific)			
		 			
	<u> </u>				<u> </u>
					
· · · -					
					
		- 			
an amendmer	t provides for an exchang	<u>ge, reclassification</u>	, or cancellation of	issued shares,	
rovisions for	mplementing the amendn cable, indicate N/A)	nent if not contain	ed in the amendm	ent itself:	
- {ij noi apni	cable, indicate N/A)				
(VPP					
·					
				· · · · · · · · · · · · · · · · · · ·	

The date of each amendment(s) adoption: date this document was signed.	, if other than the
·	
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 document's effective date on the Department of State's records.	te will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
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 stateme must be separately provided for each voting group entitled to vote separately on the amendment(s):	nt
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by" (voting group)	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholde action was not required.	г
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 12/21/16	, <u>(</u>
Signature (By a director, presidence other officer — it directors or officers have not been	
selected, by an incorporator - if in the hands of a receiver, trustee, or other cour	l
appointed fiduciary by that fiduciary)	
Henry Koelmel (Typed or printed name of person signing)	
President	
(Title of person signing)	