## P15000099439

(Requestor's Name)				
(Address)				
(Ac	idress)			
(City/State/Zip/Phone #)				
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(Business Entity Name)				
(Document Number)				
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SECURITARY OF STATE OF STATE OF STATE OF TORPORATIONS
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## COVER LETTER -

TO: Amendment Section

Division of Corporations					
NAME OF CORPORATION: The Lynn Schnoogas, PA  DOCUMENT NUMBER: P15000099439					
The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
Tine Schneeges					
Firm/ Company					
4296 Hunters Pass					
Spring Hill FL 34609  City/ State and Zip Code					
Time a Gail Sells Florida Homes-Com E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
line Schneigas at 352, 279-1238					
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 Certificate of Status Certified Copy (Additional Copy is enclosed)  \$35 Filing Fee & Certified Copy (Additional Copy is enclosed)					
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of Corporations					

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

P.O. Box 6327

## Articles of Amendment

Articles of Incorporation

Tine Lynn Schneeges, PA

(Name of Corporation as Eurrently filed with the Florida I

(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:

rp.," "Inc.," or Co.," or the designat d "chartered," "professional association Enter new principal office address, if	tion "Corp," "Inc," or "Co". A profes	The ne
Enter new principal office address, if		ssional corporation hame must comain in
ncipal office address <u>MUST BE A STR</u>		
Enter new mailing address, if applica (Muiling address MAY BE A POST OF	able:  FFICE BOX)  All All All All All All All All All Al	
	<del></del>	····
it amending the registered agent and/ new registered agent and/or the new i	or registered office address in Florida registered office address:	, enter the name of the
Name of New Registered Agent	NA	
Name of New Registered Agent	N/A	
Name of New Registered Agent	W [A	
Name of New Registered Agent  - New Registered Office Address:	(Florida street address)	, Florida

## 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: NA

(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.

X Change	<u>PT</u>	John Do	<u>e</u>	
X Remove	<u>V</u>	Mike Jos	nes	
X Add	<u>sv</u>	Sally Sm	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change		-		
Add				
Remove				
2) Change	<b>—</b> 14.40	_		
Add				
Remove				
3 ) Change		_	·	
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change				
Add		_		
Remove			•	
,,,,,,,,,,,			·	
6) Change		_		
Add				
Remove				

(Attach additional sheets, if necessary).	ticles, enter change(s) here: (Be specific)
- 1 1 A	
10 [11	
	<del></del>
16	11 4 - 6 - 1 - 1 - 1
provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
Alc	
P[A	
)[A	
P/A	
) [A	·
PIA	
) [A	
)   A	
) [A	

	, if other than the
date this document was signed.	,
Effective date if applicable:  (no more than 90 days after ame	
(no more than 90 days after ame	ndment file date)
<b>Note:</b> If the date inserted in this block does not meet the applicable statutory fi document's effective date on the Department of State's records.	ling requirements, this date 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 by the shareholders was/were sufficient for approval.	s east for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting group must be separately provided for each voting group entitled to vote separately of	
"The number of votes cast for the amendment(s) was/were sufficient for a	• •
by	·"
(voung group)	
☐ The amendment(s) was/were adopted by the board of directors without sharehol action was not required.	lder action and shareholder
☐ The amendment(s) was/were adopted by the incorporators without shareholder action was not required.	action and shareholder
Dated 3/23/16 Signature Line Schneeger	
Signature Line Schneeger	
(By a director, president or other of Mer – if directors	
selected, by an incorporator – if in the hands of a received for the second sec	iver, trustee, or other court
appointed fiduciary by that fiduciary)	
Tina Schneeggs	
Tina Schneegas (Typed or printed name of person s	igning)
Dwner	
(Title of person signing	<u> </u>