## P16000003885

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## **COVER LETTER**

<u>COVER LETTER</u>	
TO: Amendment Section Division of Corporations	3
TO: Amendment Section Division of Corporations  NAME OF CORPORATION:   DOCUMENT NUMBER:   COVER LETTER  ANA GEMENT INC.  P 100000 3885	5 5 T
DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are submitted for filing.	• •
Please return all correspondence concerning this matter to the following:	
ARKADIUSZ BAR	
Name of Contact Person	
Firm/ Company  4118 US HWY 19  Address  NEW PORT RICHEY FL 34652  City/ State and Zip Code  ARKADIUSZ, BAR & GMAIL, Com  E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
ARKADIUSZ BAR at (M27), 944-1112  Name of Contact Person Area Code & Daytime Telephone Number	
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    S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)   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 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation

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

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	VF	<u>AGNIESZKA</u>	STEFEK	4118 US HWY 19 New PORT RICHEY FL 34652
Add Remove				New PORT RICHEY FL 34652
	$\rho$	ARKADIUSZ	BAR	
2) Change Add	1	_ MICHIELECT		4118 US HWY 19 NEW PORT RICHEY, FL 34652
Remove				
3 ) Change		_		
Add				
Remove				<del></del>
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6) Change				· · · · · · · · · · · · · · · · · · ·
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Attach <i>additio</i>	or adding additional A onal sheets, if necessary	v). (Be specific)			
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The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
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 dadocument's effective date on the Department of State's records.	ne 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 for the amendment(by the shareholders was/were sufficient for approval.	s)
☐ 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	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	ег
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated_10-11-17	
Signature Agueszoa Statek  (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 courappointed fiduciary by that fiduciary)	n
AGNIESZKA STEFEK  (Typed or printed name of person signing)	
<u> </u>	
(Title of person signing)	<del></del>

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