P170000033045

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PICK-UP	☐ WAIT	MAIL MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

Division of Corporations Vino Flora, Inc. NAME OF CORPORATION: P17000003045 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Cary Polkovitz Name of Contact Person Vino Flora, Inc. Firm/ Company 105 N Mary Street Address Eustis, FL 32726 City/ State and Zip Code carythehat@mac.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (352) 308-8730

Area Code & Daytime Telephone Number Cary Polkovitz Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ■ \$35 Filing Fee □\$43.75 Filing Fee & ☐\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed)

Mailing Address

TO: Amendment Section

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 to Articles of Incorporation of

Vino Flora, Inc.		
(Name of Corpora	ation as currently filed with the Flor	rida Dept. of State)
P17000003045		
(Doca	ument Number of Corporation (if kno	wn)
Pursuant to the provisions of section 607.1006, Flori its Articles of Incorporation:	ida Statutes, this <i>Florida Profit Corp</i> o	oration adopts the following amendment(s
A. If amending name, enter the new name of the	corporation;	
		The new
name must be distinguishable and contain the w "Corp.," "Inc.," or Co.," or the designation "Cow word "chartered," "professional association," or the	rp," "Inc," or "Co". A professiona	"incorporated" or the abbreviation
B. Enter new principal office address, if applical	ole;	
(Principal office address MUST BE A STREET AL	DDRESS)	201
		
C. Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE B	<u></u>	
		是是 子
D. We amount the sales are beautiful to the sales are the		
D. If amending the registered agent and/or registered agent and/or the new registered		r the name of the
Name of New Registered Agent		
	(Florida street address)	
	(r ioriaa sireet aaaress)	
New Registered Office Address:	(City)	, Florida(Zip Code)
	(Cuy)	(Elp Code)
New Registered Agent's Signature, if changing R	egistered Agent:	
I hereby accept the appointment as registered agent	. I am familiar with and accept the o	bligations of the position.
Sic	onature of New Registered Agent if c	hanging

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 De	<u>oe</u>	
X Remove	Y	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally Si	mìth	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change	Presid	en —	Devon E Pearse	105 N Mary Street
Add				Eustis, FL 32726
X Remove				
2) Change				
Add				
Remove				
3) Change		_		
Add				<u> </u>
Remove				
4) Change				
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mplementing the a	mendment if not	ification, or ca contained in	ncellation of i	ssued shares, it itself:	
cable, indicate WA)					
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	mplementing the a	it provides for an exchange, reclass implementing the amendment if not icable, indicate N/A)	mplementing the amendment if not contained in	mplementing the amendment if not contained in the amendmen	at provides for an exchange, reclassification, or cancellation of issued shares, implementing the amendment itself: icable, indicate N/A)

•	February 8, 2017	
The date of each amendment(s) a date this document was signed.	doption:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, this date vepartment of State's records.	will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were ac by the shareholders was/were s	opted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval.	
	proved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s):	
"The number of votes cas	t for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were action was not required.	opted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were ac action was not required.	opted by the incorporators without shareholder action and shareholder	
February Dated	8,2017	
select	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court need fiduciary by that fiduciary)	
	Cary M. Polkovitz	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	