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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION:	12 GAUGE RANCH, INC.	
DOCUMENT NUMBER:	P17000051849	
The enclosed Articles of Amenda	ent and fee are submitted for filing.	
	oncerning this matter to the following:	
	DUSTIN POINTER	
	Name of Contact Person	
	12 GAUGE RANCH, INC.,	
	Firm/ Company	
	6202 193RD STREET EAST	
	Address	<u> </u>
	BRADENTON, FL 34211	
	City/ State and Zip Code	
DUSTINPOI	NTER@GMAIL.COM	
	address: (to be used for future annual report notifi	cotion
For further information concerning	this matter, please call:	
Name of Contact P	at (941) 80	9-3981
	Area Code &	Daytime Telephone Number
Enclosed is a check for the following	ng amount made payable to the Florida Departmer	nt of State:
■ \$35 Filing Fee □\$43. Certi	(Additional copy is enclosed)	52.50 Filing Fee Certificate of Status Certified Copy Additional Copy s enclosed)
Malling Address Amendment Section of Corp P.O. Box 6327 Tallahassee, FL	ion Amendment orations Division of C	Section Corporations ing ve Center Circle

'Articles of Amendment to Articles of Incorporation of

Artic	les of Incorporation	
12 GAUGE RANCH, INC.	of	
(Name of Corporation as	Currently filed with at	Til 11
P17000051849	PARTEGIA MED IN	e Florida Dept. of State)
(Document N	umber of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statuits Articles of Incorporation:	tes, this Florida Profit	Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corpora		
name must be distinguishable and contain the word "con" "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc word "chartered," "professional association," or the abbrev	rporation," "company, c," or "Co". A profes viation "P.A."	" or "incorporated" or the abbreviation sional corporation name must contain the
B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDRESS</u>		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		SECRETARY SECRETARY
. If amending the registered agent and/or registered offic new registered agent and/or the new registered office a	ce address in Florida,	enter the name of the
Name of New Registered Agent	uaress:	
(Flo. New Registered Office Address:	rida street address)	
	(City)	, Florida(Zip Code)
ew Registered Agent's Signature, if changing Registered Agent are appointment as registered agent. I am fam	Agent: niliar with and accept th	ne obligations of the position.
C Serve I am jun	unar with and accept th	ne 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 = ChiefExecutive 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	PI	John Doe	
X Remove	¥	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	Address
1) Change	<u>v</u>	SARAH ROSELL	SARAH ROŠELL
Add			6202 193RD STREET E.
× Remove			BRADENTON, FL 34211
2) Change			
Add		— ——	
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

vrataen aaaanonal St	ing additional Articles, enter change(s) here: neets, if necessary). (Be specific)
<u>-</u>	
	
If an amountment of	and the form of the second
nrovicione for im-	rovides for an exchange, reclassification, or cancellation of issued shares, plementing the amendment if not contained in the amendment itself:
(if not applica	ble, indicate N/A)
(9 4)///	and the same same same same same same same sam
NUE THOUS AND (1	000) SHARES TRANSFERRED FROM SARAH ROSELL TO DUSTIN POINTER
446 THOODAIAS (1.	
	

The date of each amendment(s) date this document was signed.	adoption:	, if other than th
6	5/2018	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in thi locument's effective date on the	s block does not meet the applicable statutory filing requirements, this date. Department of State's records.	ate will not be listed as th
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment(sufficient for approval.	s)
	pproved by the shareholders through voting groups. The following statem or each voting group entitled to vote separately on the amendment(s):	ent
	st for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were a action was not required.	dopted by the board of directors without shareholder action and sharehold	er
The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and shareholder	
6/4/2018 Dated	10 Put	
Signature		
sele	director, president or other officer – if directors or officers have not been ted, by an incorporator – if in the hands of a receiver, trustee, or other countried fiduciary by that fiduciary)	
	DUSTIN POINTER	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	