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SECRETARY OF STATE OF

## **COVER LETTER**

TO: Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations COCONUT Bar Silenno Inc. The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Troy Pulley
Name of Contact COCONUT Bar Salerno
Firm/Company 787 Se Dixre Hwy
Address SNAT, FL 34994
City/ State and Zin Code Troy @ goose Pubiensen. Com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at ( 77) 475-5340
Area Code & Daytime Telephone Number 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 Certificate of Status Certified Copy (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed) Street Address Mailing Address Amendment Section Amendment Section **Division of Corporations** Division of Corporations

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

## Articles of Amendment

to

Articles of Incorporation

of
COCONUT Bar Salerno Inc
(Name of Corporation as currently filed with the Florida Dept. of State)
P17000061687
(Document Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) its Articles of Incorporation:
A. If amending name, enter the new name of the corporation:
The new
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc.," 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 Troy Pulley
4787 Se Dixre Hwy
New Registered Office Address: 50 av 7
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I am familiar with accept the obligations of the position.  Signature of Alex 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	PT John	John Doe						
X Remove	<u>V</u> <u>Mik</u>	Mike Jones						
<u>X</u> Add	<u>SV</u> <u>Sall</u>	Sally Smith						
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s					
1) Change	Dir	Danise Pulley	3140 Ne Pine (rest					
Add Remove		' 	Lakes Blud Jensen Beach, FC 3495					
2) Change	<del> </del>	-	<u></u>					
Add			<del></del>					
Remove								
3 ) Change								
Add								
Remove								
4) Change								
Add			Add the State of t					
Remove								
5) Change								
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Add	<del></del>							
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Attach additio	r adding additional Ar nal sheets, if necessary).	tBe specific)	<u>(e(s) nere</u> :		
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f an amendm	ent provides for an exc	hange, reelassific	ation, or cancella	tion of issued sh	ares
provisions fo	r implementing the am	endment if not co	ntained in the am	endment itself:	
(if not ap <sub>l</sub>	olicable, indicate N/A)				
					<u>.</u>
		_/			

The date of each amendment(s) adoption:	, if other than the
Effective date if applicable: 9-5-18 (date Signel)	
(no more than 90 days after amendment file date)	
<b>Note:</b> If the date inserted in this block does not meet the applicable statutory tiling requirements, this date will document's effective date on the Department of State's records.	I 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 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 Troy Pulley and Marc Lemoine (voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 9-5-18 Signature Tray Luly	
(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 court appointed fiduciary by that fiduciary)	
(Typed or printed name of person signing)	
(Typed or printed name of person signing)	
President	
(Title of person signing)	