## P18000017825

(Re	questor's Name)	
(Ad	dress)	
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(Cit	ry/State/Zip/Phone	÷#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
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## **COVER LETTER**

Division of Corporations Jochen Winter Corporation NAME OF CORPORATION: DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Jochen Winter Firm/ Company 5966 SW 1st Ct. Cape Coral, FL 339/4
City/ State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at ( 239), 603 9239

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 Certified Copy Certificate of Status

**Mailing Address** 

TO: Amendment Section

Amendment Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Street Address

(Additional copy is

enclosed)

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Fl. 32301

Certified Copy

(Additional Copy is enclosed)

## Articles of Amendment

to

Article	es of Incorporation	
Forher Win	ter Corporation	
(Name of Corporation as a	currently filed with the Florida Dept. of State)	
•		
	0017825 umber of Corporation (if known)	
(1)Octanent (N	uniber of Corporation (a known)	
Pursuant to the provisions of section 607.1006, Florida Statuits Articles of Incorporation:	tes, this Florida Profit Corporation adopts the following amenda	nent(s) to
A. If amending name, enter the new name of the corpora	tion:	
	The ne	214
	rporation," "company," or "incorporated" or the abbreviati c," or "Co". A professional corporation name must contain t	on
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>	Σ)	-
		ine.
C. Enter new mailing address, if applicable:		ا سست
(Mailing address MAY BE A POST OFFICE BOX)		_ \
	, 677	
		السيسم المستدا
		-
D. If amending the registered agent and/or registered off	fice address in Florida, enter the name of the	)
new registered agent and/or the new registered office	address:	
Name of New Registered Agent		
	lorida strect address)	
New Registered Office Address:	(City) Florida (Zip Code)	-
	,,,	
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am for	d Agent: amiliar with and accept the obligations of the position.	
Signatura /	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	$\underline{V}$	Mike Jones			
X Add	<u>sv</u>	Sally Smith			
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address		
1) Change	V	Waren Sue Winter	5966 SW 1st Ct Cape Coral, FL 33910		
X Add			Cape Coral, FL 3391		
Remove					
2) Change					
Add					
Remove					
3 ) Change					
Add					
Remove					
4) Change					
Add					
Remove					
5) Change					
Add					
Remove			<del></del>		
6) Change					
Add					
Remove					

(Attach ade	ng or adding additional Articl litional sheets, if necessary).	(Be specific)			
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If an amer	idment provides for an exchains for implementing the amend	<u>ige, reclassificati</u> Iment if not cont	on, or cancellation	on of issued share:	<u>s.</u>
(if no	t applicable, indicate N/A)	mene ii nor com:	amen amen	iditell lisell.	
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The date of each amendment(s) adoption: $\frac{02/24/2018}{}$ if other than the
late this document was signed.
Effective date <u>if applicable</u> :  (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 date will not be listed as the document's effective date on the Department of State's records.
Adaption of Amendment(s) ( <u>CHECK ONE</u> )
☐ 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"  (voting group)
(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 04/11/2018 Signature /2-7
Signature
(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)
Fochen Winker
(Typed or printed name of person signing)
President (Title of person signing)
(Title of person signing)