

PI8000086146

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

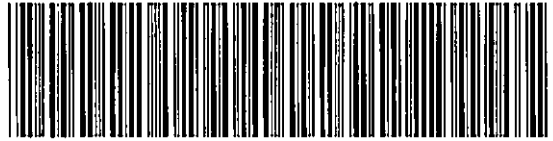
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2018 DEC 4 PM 2:35

SECRETARY OF STATE
TALLAHASSEE, FL

R. WHITE

DEC 10 2018

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: NewEly Inc

DOCUMENT NUMBER: P18000086146

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Nicole Wilkinson	
_____	Name of Contact Person
NewEly Inc	
_____	Firm/ Company
42 W Plant St	
_____	Address
Winter Garden, FL 34787	
_____	City/ State and Zip Code

nikster12004@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nicole Wilkinson	at (407)	766-5886
_____				_____
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:

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> \$35 Filing Fee | <input checked="" type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$52.50 Filing Fee
Certificate of Status
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
to
Articles of Incorporation
of

FILED

2018 DEC 4 PM 2:35

SECRETARY OF STATE

NewEly Inc

(Name of Corporation as currently filed with the Florida Dept. of State)

P18000086146

(Document Number of Corporation (if known))

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:

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.," 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

(Florida street address)

New Registered Office Address: _____, Florida _____
(City) (Zip Code)

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 PT John Doe

X Remove V Mike Jones

X Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <u> </u> Change	<u>V</u>	<u>Robert Wilkinson</u>	<u>14426 Sunbridge Cir</u>
<u>X</u> Add			<u>Winter Garden, FL 34787</u>
<u> </u> Remove			
2) <u> </u> Change	<u>S</u>	<u>Nicole Wilkinson</u>	<u>14426 Sunbridge Cir</u>
<u>X</u> Add			<u>Winter Garden, FL 34787</u>
<u> </u> Remove			
3) <u> </u> Change	<u> </u>	<u> </u>	<u> </u>
<u> </u> Add			
<u> </u> Remove			
4) <u> </u> Change	<u> </u>	<u> </u>	<u> </u>
<u> </u> Add			
<u> </u> Remove			
5) <u> </u> Change	<u> </u>	<u> </u>	<u> </u>
<u> </u> Add			
<u> </u> Remove			
6) <u> </u> Change	<u> </u>	<u> </u>	<u> </u>
<u> </u> Add			
<u> </u> Remove			

(Attach additional sheets, if necessary). (Be specific)

[illegible]

(if not applicable, indicate N/A)

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

November 30, 2018

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 date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

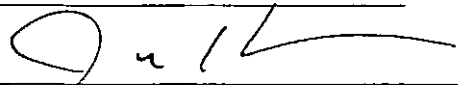
- ☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
- ☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each 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 _____."
(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.

November 30, 2018
Dated _____

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)

Robert Wilkinson

(Typed or printed name of person signing)

President

(Title of person signing)



Department of Business
& Professional Regulation

Division of Alcoholic Beverages and Tobacco
Bureau of Auditing
Andy Walker, Chief
400 W. Robinson St., Room 709, N. Tower, Hurston Bldg.
Orlando, FL 32801-1700

Jonathan Zachem, Secretary

Rick Scott, Governor

November 30, 2018

AMERIKANOS LLC
998 DEL MAR DRIVE UNIT 108
LADY LAKE, FL 32159

Re: Notice of Scheduled Audit of License Compliance
Audit Period: October 01, 2018 — November 30, 2018
AMERIKANOS
License No: 4503098 (SFS)

Dear Sir / Madam:

The Florida Beverage Law requires special food service establishment licenses issued by the Division of Alcoholic Beverages and Tobacco to derive at least 51 percent of gross food and beverage revenue from the sale of food and nonalcoholic beverages during the first 60-day operating period and each 12-month operating period thereafter. To verify compliance with these special license requirements, the Division has scheduled your license for a routine audit. This notice describes the further action and response required of you as the Division proceeds with the audit of your licensed operations.

The Division has identified the dates October 01, 2018, through November 30, 2018, as the audit period. To complete the audit, the Division requests that you produce the information and records listed below for review by auditors of the Division on or before Friday, December 14, 2018. .

1. Income Statements

Monthly income statements should reflect a separation of the income derived from the sale of food, non-alcoholic beverages, alcoholic beverages, and other sources.

2. Point-of-Sale Register Report or Equivalent Sales Records

If your business uses an electronic point-of-sale (POS) register system with exportable transaction data, provide the monthly summary report for each month of the audit period. If a monthly POS system report is not available, provide the daily logs, ticket slips, or transaction receipts which represent the equivalent record of sales during the audit period.

3. Invoices for Food and Beverage Inventory Purchases

All invoices reflecting the purchases by your business of any food, non-alcoholic beverages, and alcoholic beverages during the dates of the audit period.

4. Florida Sales Tax Return Filings

All sales tax return filings as reported by your business to the Florida Department of Revenue during the months of the audit period.

5. Current Food and Beverage Menus

All current menus reflecting the prices of food and beverage products offered for sale.

Please deliver or mail the requested records to 400 W. Robinson St., Room 709, N. Tower, Hurston Bldg., Orlando, FL 32801-1700. Additional records may be requested at a later date if determined necessary during the audit. For additional assistance relating to this notice, please contact the Division's auditing team at 407-245-0765.

Sincerely,

Gerald Russo
Tax Audit Supervisor