P18000096589

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FO: Amendment Secti Division of Corpo				TOBER 2 MAID: 50
NAME OF CORPOR	ATION: LEIF'S COIN & J	EWELRY INC.		
DOCUMENT NUMB	P18000096589			
	of Amendment and fee are su	bmitted for filing.		
Please return all corres	pondence concerning this mu	tter to the following:		V -
	LEIF METSCH			
-	·	Name of Contact Person	· · · · · · · · · · · · · · · · · · ·	
	LEIF'S COIN & JEWELRY			
-		Firm/ Company		
	9331 TAMIAMI TRL N STE	E 8		
		Address		
	NAPLES, FL 34108			
		City/ State and Zip Code	:	
LMET	TSCH@COMCAST.NET			
-	E-mail address: (to be us	sed for future annual report	notification)	
Don Garden in Commercia	concerning this matter, pleas	ar call:		
ror turther information	reoncerning this matter, preas	c can.		
LEIF METSCH		at (872-6768	
Name of Contact Person		Area Code & Daytime Telephone Numbe		
Enclosed is a check for	r the following amount made	payable to the Florida Depa	rtment of State:	
⊠ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
	ling Address		<u>Address</u>	
	endment Section		ment Section	
Division of Corporations P.O. Box 6327		Division of Corporations Clifton Building		
	ahassee, FL 32314	2661 E	xecutive Center Circle issee, FL 32301	

Articles of Amendment to Articles of Incorporation of

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

(Docu	ment Number of Corporation (if known)	· (c
Pursuant to the provisions of section 607.1006, Floridits Articles of Incorporation:	da Statutes, this Florida Profit Corporation a	dopts the following amendme
A. If amending name, enter the new name of the o	corporation:	
		The new
name must be distinguishable and contain the wo "Corp.," "Inc.," or Co.," or the designation "Corpword "chartered," "professional association," or the	p," "Inc," or "Co". A professional corpor	orated" or the abbreviation ation name must contain the
B. Enter new principal office address, if applicable	le:	
(Principal office address MUST BE A STREET AD		
		<u>.</u>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE Bo	<u>OX</u>)	
D. If amending the registered agent and/or registered new registered agent and/or the new registered	ered office address in Florida, enter the nar	ne of the
new registered agent and/or the new registered	orne address.	
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:		_, Florida (Ziv Code)
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Re		
Thereby accept the appointment as registered agent.	I am familiar with and accept the obligation	is 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.

X Change	<u>PT</u>	John Doe	
X Remove	$\overline{\lambda}$	Mike Jones	
X Add	\underline{sv}	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
I) Change	P/VP	JAMES E FORRESTER	9331 TAMIAMI TRL N #8
Add			NAPLES, FL 34108
X Remove			
2) Change	P/VP	LEIF E METSCH	9331 TAMIAMI TRL #8
X Add			NAPLES, FL 34108
Remove			
3) Change			
Add			 -
Remove			
4) Change			
Add			-
Remove			
5)Change			
Add			
Remove			
() Change			
6) Change			 -
Add			
Remove			

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)			
	······································	<u> </u>		
				
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	-			
If an amendment provides for an exch		m ann gallation of i	enad chorac	
provisions for implementing the ame	ndment if not contained	in the amendmen	t itself:	
(if not applicable, indicate N/A)				
		· · · · · ·		

The date of each amendment(s) adoption:	, if other than the
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 requirement document's effective date on the Department of State's records.	ts, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes east for the amendment(s) was/were sufficient for approval.	endment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following must be separately provided for each voting group entitled to vote separately on the amendment	ng statement nt(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 saction was not required.	hareholder
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and share action was not required.	holder
Dated 1-79-2051111	
Signature	
(By a director, president or other officer - if directors or officers have	
selected, by an incorporator – if in the hands of a receiver, trustee, or appointed fiduciary by that fiduciary)	other court
LEIF METSCH	
(Typed or printed name of person signing)	
PRESIDENT/VICE-PRESIDENT	
(Title of person signing)	