## P190000 28332

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## COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORPORA	TION: BARN-WALKER	S INC	
DOCUMENT NUMBE	D100000028332		
The enclosed Articles of	Amendment and fee are su	abmitted for filing.	
Please return all correspondence concerning this matter to the following			
В	ART KENIS		
_		Name of Contact Person	1
_		Firm/ Company	
1	902 SOUTH CLUB DR		
W	ELLINGTON, FL 33414	Address	
_		City/ State and Zip Cod	e
bartkus.	ahorses@gmail.com		
	E-mail address: (to be u	sed for future annual report	notification)
For further information c	concerning this matter, please	se call:	
BART KENIS		at ( 561	
Name of Contact Person Area Code & Daytime Telepho			de & Daytime Telephone Number
Enclosed is a check for t	he following amount made	payable to the Florida Depa	nriment of State:
S35 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)
Ameno Divisio P.O. B	ig Address Iment Section on of Corporations ox 6327 assee, FL 32314	Amenc Divisio Clifton	Address  Iment Section  on of Corporations  Building  Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

	B	ΑR	N-	W.	AΙ	K.	ER	S	INC
--	---	----	----	----	----	----	----	---	-----

(Name (	of Corporation as currer	itly filed with the Florida	Dept. of State)	
P19000028332				
	(Document Number	of Corporation (if known)		
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, thi	is Florida Profit Corporati	on adopts the following a	mendment(s) to
A. If amending name, enter the new na	me of the corporation:			
N/A			TI	re new
name must be distinguishable and com "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or	"Co". A professional co.	corporated" or the abbr	eviation
		N/A		
B. Enter new principal office address, (Principal office address MUST BE A S				
				<del></del>
C. Enter new mailing address, if appli	cable:	N/A		~2
(Mailing address MAY BE A POST)	OFFICE BOX)	1877	34 <u>C</u> 	
			,	2
D. 16	.,		e . 4	E1)  PH12: 117
D. If amending the registered agent an new registered agent and/or the new			e name of the	112:
Name of New Registered Agent	N/A			ا
name of New registered signs	N/A			
	(Florida .	street address)		
New Registered Office Address:	N/A		. Ftorida	
New Registered Copine Madress.		(City)	Zip Coa	le)
New Registered Agent's Signature, if c I hereby accept the appointment as regist			ations of the position.	
	/ <b>-</b> - <b>-</b>	_		
		<b>&gt;</b>		
	Signature of New	Registered Agent, if chang	ring	

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> <u>Joh</u>	n Doc	
X Remove	<u>V</u> <u>Mil</u>	ke Jones	
X Add	<u>SV</u> <u>Sal</u>	ly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	<u>v</u>	SOFIE KENIS	1902 SOUTH CLUB DR
Add			WELLINGTON, FL 3414
X Remove			
2) Change	<u>v</u>	SOFIE GEYSEN	1902 SOUTH CLUB DR
X Add			WELLINGTON, FL 33414
Remove			
3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Arti (Attach additional sheets, if necessary).	icles, enter change(s) here:  (Be specific)
N/A	( 4) 9//
	-
<del>.</del>	
F. If an amendment provides for an exch	nange, reclassification, or cancellation of issued shares, under the indication of issued shares.
(if not applicable, indicate N/A)	numeric II for contained in the amendment user.
N/A	
	<del></del>
	•

	04/13/2019	
The date of each amendment(s) date this document was signed.	adoption:	, if other than the
	4/15/2019	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in thi document's effective date on the	s block does not meet the applicable statutory filing requirements, this of Department of State's records.	date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
■ The amendment(s) was/were a by the shareholders was/were	idopted by the shareholders. The number of votes east for the amendmen sufficient for approval.	t(s)
	approved by the shareholders through voting groups. The following states for each voting group entitled to vote separately on the amendment(s):	nent
"The number of votes ca	ist for the amendment(s) was/were sufficient for approval	
hy	(voting group)	
	(voting group)	
☐ The amendment(s) was/were action was not required.	idopted by the board of directors without shareholder action and sharehol	der
☐ The amendment(s) was/were a action was not required.	adopted by the incorporators without shareholder action and shareholder	
04/15/20	019	
Dated		
Signature		
(By selec	a director, president or other officer – if directors or officers have not bee sted, by an incorporator – if in the hands of a receiver, trustee, or other co- pinted fiduciary by that fiduciary)	
	BART KENIS	
	(Typed or printed name of person signing)	<del></del>
	PRESIDENT	
	(Title of person signing)	