## P190000 31940

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			





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## **COVER LETTER**

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TO: Amendment Section

Division of Corporations	
NAME OF CORPORATION:	Shack Reggge Bar In
DOCUMENT NUMBER: P 1900	0031940
The enclosed Articles of Amendment and fee are subm	mitted for filing.
Please return all correspondence concerning this matte	er to the following:
	Name of Contact Person  Shack Reggar Bar Two  Firm/ Company  ST S. Divie Highway  Address  Many, 11 33170  City/ State and Zip Code  Two Tangela USI Ogarail  d for future annual report notification)
For further information concerning this matter, please	call:
Tangela Mai Allwo Name of Contact Person	at () Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made pa	ayable to the Florida Department of State:
\$35 Filing Fee \$\times \text{Certificate of Status}\$	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy Certificate of Status (Additional copy is enclosed) (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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## **Articles of Amendment**

Articles of Incorporation

The Shack Rega	age Bar, Inc
(Name of Corporation as currently s	led with the Florida Dept. of State)
P19000031940	
(Document Number of C	orporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Flo</i> its Articles of Incorporation:  A. If amending name, enter the new name of the corporation:	orida Profit Corporation adopts the following amendm
	The nev
name must be distinguishable and contain the word "corporation," "con "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A p "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)	npany," or "incorporated" or the abbreviation "Corp.,
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:  Name of New Registered Agent  21855  (Florida street)	Main Allwood. SDrie Hiphw
New Registered Office Address: (C	ity) , Florida(Zip Code)
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I am familiar with a signature of New Registered Signature of New Registered Agent:	h and accept the obligations of the position.  Huce consistered Agent, if changing

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, nar 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 Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each offi 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. 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 C Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	PT John Doc	
X Remove	<u>V</u> <u>Mike Jones</u>	
X Add	SV Sally Smith	
Type of Action (Check One)	<u>Title</u> <u>Name</u>	<u>Addres</u> s
1) Change	P Shanice Ward	21855 SDINIE Marm, Fl 331
Add Remove	D To All Air	,
2) Change Add	P Tangela Mair Al	Mami, Fl 33
Remove Change	VP Denvil Mair	21855 5 DIXIO Mami, Fl 331
Add Remove	MEMORY NEW MOON -3	
4) Change		
Add		
Remove		
5) Change		hlu -
Add		
Remove		
6) Change		
Add		
Remove		

f amending or adding additional Art Attach additional sheets, if necessary).	(Be specific)	_		
			-	
				_
			1.01.07.17	
f an amendment provides for an excl provisions for implementing the ame				
(if not applicable, indicate N/A)	namen i noi containe	in the antitudicity		
	<del></del>			
			A - 174	

The date of each amendment(s) adoption:	6/16/	2020	, if other 1
date this document was signed.	1-1-		
Effective date <u>if applicable</u> :	6 16 20 e than 90 days after am	2 C 'endment file date)	
Note: If the date inserted in this block does not meet the document's effective date on the Department of State's recommendation.		filing requirements	s, this date will not be lister
Adoption of Amendment(s) (CHECK ON	<u>E</u> )		
The amendment(s) was/were adopted by the incorporat action was not required.	tors, or board of directo	ors without shareho	older action and shareholder
☐ The amendment(s) was/were adopted by the shareholded by the shareholders was/were sufficient for approval.	ers. The number of vot	les cast for the ame	endment(s)
☐ The amendment(s) was/were approved by the sharehole must be separately provided for each voting group ent		•	-
"The number of votes cast for the amendment(s)	was/were sufficient for	rapproval	
by	*****		
(voting group)	•		
Dated	<u> </u>		
Signature  (By a director, president or of selected, by an incorporator appointed fiduciary by that for the selected fiduciary by that fiduciary by the selected fiduciary by the selected fiduciary by that fiduciary by the selected fiduciary by the se	if in the hands of a rec	ceiver, trustee, or o	
Tangela ITitle of pe	May All erson signing)	wood	Presiden