P20000024430

(Requestor's Name)
(Address)
(Address)
(Addiess)
(City/State/Zip/Phone #)
(200), 2000000000000000000000000000000000
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





700351750107

CEVED

SEP 0.8 2020

03/03/20--01014--022 **35.00

2029 S. . - 3 FN 3: 21

in minutes

JALESTITON

COVER LETTER

TO: Amendment Section

Division of Corporations

Tallahassee, FL 32314

NAME OF CORPOR	ation: <u>Island</u> er: <u>P20000</u>	<u>Lincoln</u> -	Mercury, Inc.
The enclosed Articles of	of Amendment and fee are sub	omitted for filing.	
Please return all corresp	pondence concerning this mat	ter to the following:	
-	Ken	Name of Contact Person	skey
-	Kavi	Firm/ Company	rkey, P.L.
	380	S. Courten	ay Pkuy. Ste A
-	mer	ritt Island	1, FL 32952
-	E-mail address: (to be us	n & Kowin F ed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
Kristin	E. Schere	at (321	_ 631-0758
Name o	f Contact Person	Area Coo	de & Daytime Telephone Number
Enclosed is a check for	the following amount made p	payable to the Florida Depa	artment 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)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327		Amend Divisio	Address ment Section n of Corporations entre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment

Articles of Incorporation

Pursuant to the provisions of section 607,1006, Florida Statute its Articles of Incorporation:	s, this Florida Profit Corporation adopts the following amendment
A. If amending name, enter the new name of the corporati	on:
	Thenew
name must be distinguishable and contain the word "corporatio". Inc., " or Co.," or the designation "Corp.," "Inc," or "C "chartered," "professional association," or the abbreviation	on," "company," or "incorporated" or the abbreviation "Corp.," o". A professional corporation name must contain the word "P.A."
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	
	2021
C. Enter new mailing address, if applicable:	:
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	
	ω ω γραμίζητας in Florida, enter the name of the
	ట్ల
D. If amending the registered agent and/or registered office	re address in Florida, enter the name of the
new registered agent and/or the new registered office a	
Name of New Registered Agent	
(Flo	rida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered	Agent:
Thereby accept the appointment as registered agent. I am fai	niliar with and accept the obligations of the position.
Signature of	New Registered Agent, if changing

Check if applicable

 \square 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, 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> <u>John Doe</u>	
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	ST E. Renee Cheney	1850 E. Mexvitt Island Csur Mexvitt Island, Fl 32952
✓ Add	,	Mexvitt Island, Fl 92952
Remove		
2) Change		
Add		
Remove 3) Change		
Add		
Remove		
4) Change		<u></u>
Add		
Remove		
5) Change		
Add		
Remove		
6) Change		
Add		
Remove		

	dding additional Art sheets, if necessary).	(Be specific)				
	<u> </u>	 ,		<u> </u>		
						
*						
				-	•	
. <u>.</u>					-	
					· · · · · · · · · · · · · · · · · · ·	
	-					
-			_			
<u></u> ,			_			
	 		<u> </u>			
				tan aftanial diam	re .	
an amendmen	t provides for an exc	thange, reclassific	cation, or cancellat	ion of issued shar		
rovisions for i	t provides for an exc mplementing the am	change, reclassific tendment if not co	cation, or cancellate ontained in the am	<u>endment itself:</u>		
rovisions for i	t provides for an exc mplementing the am cable, indicate N/A)	change, reclassific tendment if not co	cation, or cancellat ontained in the am	endment itself:		
rovisions for i	mplementing the am	change, reclassific nendment if not co	cation, or cancellar ontained in the am	endment itself:		
rovisions for i	mplementing the am	change, reclassific tendment if not co	cation, or cancellat ontained in the am	endment itself:		
rovisions for i	mplementing the am	change, reclassifi nendment if not co	cation, or cancellat ontained in the am	endment itself:		
rovisions for i	mplementing the am	change, reclassifi nendment if not co	cation, or cancellat ontained in the am	endment itself:		
rovisions for i	mplementing the am	change, reclassific nendment if not co	cation, or cancellat ontained in the am	endment itself:		
rovisions for i	mplementing the am	change, reclassifi nendment if not co	cation, or cancellat ontained in the am	endment itself:		
rovisions for i	mplementing the am	change, reclassifi nendment if not co	cation, or cancellat ontained in the am	endment itself:		
rovisions for i	mplementing the am	change, reclassifu nendment if not co	cation, or cancellat ontained in the am	endment itself:		
rovisions for i	mplementing the am	change, reclassifu nendment if not co	cation, or cancellat ontained in the am	endment itself:		
rovisions for i	mplementing the am	change, reclassifu nendment if not co	cation, or cancellal ontained in the am	endment itself:		
rovisions for i	mplementing the am	change, reclassifu nendment if not co	cation, or cancellat ontained in the am	endment itself:		
rovisions for i	mplementing the am	change, reclassifu	cation, or cancellat ontained in the am	endment itself:		
rovisions for i	mplementing the am	change, reclassifu	cation, or cancellat ontained in the am	endment itself:		

The date of each amendment(s) adoption:
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 incorporators, or board of directors without shareholder action and shareholder action was not required.
☐ The amendment(s) was/were adopted by the shareholders. The number of votes east 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)
Dated 26/25 Signature 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)
R. Bruce Deardoff
(Typed or printed name of person signing)
D
(Title of person signing)

.