P20000049553

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2020 NOV -5 PH 3: 13
SECRETARY OF STATE

12/15/20

COVER LETTER

TO: Amendment Sec Division of Con		*	4		
NAME OF CORPO	RATION: GEORGES TAVE	RN INC.			
	BER: P20000049553				
The enclosed Articles	s of Amendment and fee are su	bmitted for filing.			
Please return all corre	espondence concerning this ma	tter to the following:			
	KATHY ANDERSON				
		Name of Contact Person			
	GEORGES TAVERN INC.				
	Firm/ Company				
	1107 S OAK AVENUE				
		Address			
	SANFORD/FL 32771				
		City/ State and Zip Code	2		
	KATHY.ANDERSON@FUS	SIONCONNECT.COM			
	E-mail address: (to be us	sed for future annual report	notification)		
For further informati	on concerning this matter, pleas	se call:			
KATHY ANDERSON		at (407	792-9389		
Namo	of Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check f	for the following amount made	payable to the Florida Depa	artment of State:		
\$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Address		Street Address			
Amendment Section		Amendment Section			
Division of Corporations		Division of Corporations			
P.O. Box 6327		The Centre of Tallahassee			
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810			

Tallahassec, FL 32303

Articles of Amendment to Articles of Incorporation

FILED

GEORGES TAVERN INC.	2020 NOV -5 PM 2: 12
(Name of Corporation as curren	tly filed with the Florida Dept, of State)
P920000049553	SECRETARY OF STATE
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, thi its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
GEORGES TAVERN 1958 INC.	The new
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". "chartered," "professional association," or the abbreviation "P.A.	A professional corporation name must contain the word
B. Enter new principal office address, if applicable:	1011 S FRENCH AVE
(Principal office address MUST BE A STREET ADDRESS)	SANFORD, FL 32771
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1011 S FRENCH AVE
(Walling appress Will by 11 And See The ball	SANFORD, FL 32771
D. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office address Name of New Registered Agent N/A	
(Florida :	street address)
New Registered Office Address: N/A	. Florida
New Negotelea Office Address.	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familian	nt; r with and accept the obligations of the position.
Signature of New	Registered Agent, if changing
Check if applicable	
Check if applicable	

The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), 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)

Example:

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	<u>v</u>	Mike Jones	
_X Add	<u>sy</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change			
Add			
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			
1011010			

E. If amending or adding additional Arti- (Attach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)
N/A	(See Spready res)
IVA	
F. If an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
N/A	

.

	, if other than the
date this document was signed.	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
	(no more than 90 days after amendment file date)
Note: If the date inserted in this block document's effective date on the Departmen	s not meet the applicable statutory filing requirements, this date will not be listed as the of State's records.
Adoption of Amendment(s)	CHECK ONE)
■ The amendment(s) was/were adopted by action was not required.	he incorporators, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by by the shareholders was/were sufficient	the shareholders. The number of votes cast for the amendment(s) for approval.
	the shareholders through voting groups. The following statement ing group entitled to vote separately on the amendment(s):
"The number of votes cast for the a	mendment(s) was/were sufficient for approval
by	
	voting group)
Dated 10.26.21	
Signature Lexel	y thalism
	resident or other officer – if directors or officers have not been no orporator – if in the hands of a receiver, trustee, or other court
	ary by that fiduciary)
KATHY	ANDERSON
	(Typed or printed name of person signing)
PRESID	ENT
	(Title of person signing)