## P20 000073603

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Čit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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5/4/21

## COVER LETTER

TO: Amendment Section

Tallahassee, FL 32314

Division of Corporations	
NAME OF CORPORATION: Palme DOCUMENT NUMBER: P2 ØØ	to Cove Bungalows Corp
The enclosed Articles of Amendment and fee a	re submitted for filing.
Please return all correspondence concerning this	s matter to the following:
Joseph	Name of Contact Person
	Firm/ Company
28461 U	S Hwy 19 N
Clearwa	Address  Address  City/ State and Zip Code
Sharad-	Ginal Yahoo.com be used for future annual report notification)
For further information concerning this matter,	please call:
Mellssa Griffin Name of Contact Person	at ( 727 ) 536 - 2711  Area Code & Daytime Telephone Number
Enclosed is a check for the following amount rr	nade payable to the Florida Department of State:
\$35 Filing Fee  \$43.75 Filing Fee Certificate of Stat	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	Street Address Amendment Section Division of Corporations The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment

to Articles of Incorporation of FILED

01	
Palmeto Cove Bungalaus	CORP 2021 JAN 21 PM 6: 20
(Name of Corporation as current)	ly filed with the Florida Dept. of State)
P200000 73603	SECRETARY OF STATE TALL AMASSES, FL
(Document Number o	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
Palmetto Cove Bungalows	Corp The new
name must be distinguishable and contain the word "corporation," " "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	company," or "incorporated" or the abbreviation "Corp.," A professional corporation name must contain the word
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )	NIA
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NIA
D. If amending the registered agent and/or registered office add- new registered agent and/or the new registered office address	
Name of New Registered Agent	NA
(Florida eta	eet address)
[Fiorital str	eer uuuress)
New Registered Office Address:	Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar to	with and accept the obligations of the position.
Act	
Signature of New R	egistered 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, 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 Do	<u>pe</u>	
X Remove	<u>V</u>	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally Sr	<u>nith</u>	
Type of Action (Check One)	Title		Name	<u>Addres</u> s
1) Change		<del>-</del>		
Add				<del> </del>
Remove				
2) Change		<del></del>		
Add				
Remove 3 ) Change		_	·	
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change				
Add	_ <del></del> _		<del>-</del>	
Remove				

E. If amending or additional she	ng additional Articles, enter clees, if necessary). (Be specific	hange(s) here: c)		
MIA	,		<del></del>	
				· · _ · _ · _ · _ · _ · _ · _ · _ ·
F. If an amendment propisions for imple	ovides for an exchange, reclassementing the amendment if no	sification, or cancellatio	n of issued shares,	
(if not applicable	e, indicate N/A)			
NIA				
				·

. . . .

The date of each amendment(s) date this document was signed.	adoption:	, if other than the
Effective date <u>if applicable</u> :		
<del>-</del>	(no more than 90 days after amendment file	date)
Note: If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing require Department of State's records.	ements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were as action was not required.	dopted by the incorporators, or board of directors without sh	areholder action and shareholder
The amendment(s) was/were as by the shareholders was/were	lopted by the shareholders. The number of votes cast for the sufficient for approval.	e amendment(s)
☐ The amendment(s) was/were apmust be separately provided for	oproved by the shareholders through voting groups. The follower each voting group entitled to vote separately on the amend	lowing statement dment(s):
"The number of votes cas	t for the amendment(s) was/were sufficient for approval	
by	n	
,	(voting group)	
Dated	15/2621	
Signature	Land M. Lyni	
selecte	lirector, president or other officer – if directors or officers had, by an incorporator – if in the hands of a receiver, trustee, ated fiduciary by that fiduciary)	ave not been , or other court
	Sharad Gima (Typed or printed name of person signing)	
}	President	
•	(Title of person signing)	·