P21000102387





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05/15/24--01004--007 **35.00

ECRETARY OF STATE
TALLAHASSEE, FL



COVER LETTER

TO: Amendment Section Division of Corporations

P.O. Box 6327

Tailahassee. FL 32314

NAME OF CORPO	RATION: BARTHELS INC.		.		
DOCUMENT NUM	•				
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	·		
Please return all corre	spondence concerning this ma	tter to the following:			
		Name of Contact Persor	l	•	
	804 NICHOLAS PARKWAY				
	·				
	Address CAPE CORAL, FLORIDA 33990				
	•				
	DIANA@HILLCOCPA.COM	City/ State and Zip Code			
	E-mail address: (to be us	sed for future annual report	notification)		
For further information	on concerning this matter, pleas	se call:			
THOMAS W. HILL		239 at (549-2444		
Name of Contact Person		Area Code & Daytime Telephone Number		SEC SEC	
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:	ALLA ALLA ALLA ALLA ALLA ALLA ALLA ALL	
\$35 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)	FILED 2024 MAY 15 PM 2: 00 SECRETARY OF STATE SECRETARY OF STATE TALLAHASSEE, FL	
Mailing Address Amendment Section		Street Address Amendment Section			
Division of Corporations		Division of Corporations			

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

Articles of Amendment Articles of Incorporation of

BARTHELS INC.	
	ntly filed with the Florida Dept. of State)
21000102387	
(Document Number	r of Corporation (if known)
ursuant to the provisions of section 607.1006, Florida Statutes, the s Articles of Incorporation:	nis Florida Profit Corporation adopts the following amendment(s) to
. If amending name, enter the new name of the corporation:	
i/A	The new
ame 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.2	"company," or "incorporated" or the abbreviation "Corp.," A professional corporation name must contain the word
Fatarana and a file and decay if any limble.	N/A
. Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS)	
. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	N/A
. If amending the registered agent and/or registered office at new registered agent and/or the new registered office addresses	
Name of New Registered Agent	
(Florida	street address)
New Registered Office Address:	Florida TC
New Registered Office Address.	(City) (Zip Code)
	AA T
	NAS AND A
lew Registered Agent's Signature, if changing Registered Age hereby accept the appointment as registered agent. I am familia	ent: ar with and accept the obligations of the position.
noted, accept the appointment as regimered agent. I am junite	ent: ar with and accept the obligations of the position.
	T ATE 00
Signature of New	w Registered 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)

Remove

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 Doc				
X Remove	<u>v</u>	Mike Jones				
X Add	<u>sv</u>	Sally Smith				
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s			
1) Change	T	MARCELLA KOHLENBACH	DR. CARLO-SCHMID-STR. 180			
XXX Add			90491 NUERNBERG			
Remove			GERMANY			
2) Change	T	JOSIPH BABIC	PFALZHAUSWEG 49			
XXX Add			90556 CADOLZBURG			
Remove 3) Change			GERMANY			
Add						
Remove				9		
4) Change			TARE TARE	3 E 7		
Add			**			
Remove			<i>5</i> √ √			
5) Change			1	3 7		
Add			4	8		
Remove						
6) Change						
Add						

The date of each amendment(s) date this document was signed.	adoption:	, if other than the
uate this document was signed.		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date	•)
	(no more than 27 days after unconconstite date	<i>'</i>
Note: If the date inserted in thi document's effective date on the	s block does not meet the applicable statutory filing requirement Department of State's records.	its, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were a action was not required.	idopted by the incorporators, or board of directors without shareh	nolder action and shareholder
☐ The amendment(s) was/were by the shareholders was/were	idopted by the shareholders. The number of votes east for the an sufficient for approval.	nendment(s)
	approved by the shareholders through voting groups. The follows or each voting group entitled to vote separately on the amendme	
"The number of votes ca	ast for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
05/08/20 Dated	Park	
selec	director, president or other officer ~ if directors or officers have ted, by an incorporator – if in the hands of a receiver, trustee, or inted fiduciary by that fiduciary)	
	FELIX BARTHEL	
	(Typed or printed name of person signing)	
	VICE PRESIDENT	
	(Title of person signing)	<u> </u>

FILED

2024 MAY 15 PM 2: 00

SECRETARY OF STATE
TALLAHASSEE, FL