P93000051048

(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:

Office Use Only



800328054288

04/22/19--01027--024 **52.50

2019 (237 20 PH 2: 57

Amendices

MAY 20 2019 I ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF COL	RPORATION:	t Dora, Inc.	·····
DOCUMENT N	P93000051048		
The enclosed An	icles of Amendment and fee are su	ibmitted for filing.	
Please return all	correspondence concerning this ma	tter to the following:	
	Alexandra H Bosshardt		<u>-</u>
		Name of Contact Person	
	Downtowne Mount Dora, Inc	€.	
		Firm/ Company	
	100 South Tremain Street E2		
		Address	
	Mount Dora, FL 32757		
		City/ State and Zip Code	
á -	alexaboss716@gmail.com	TO Parameter	:-
	E-mail address: (to be u	sed for future annual report	nonneation)
For further inform	nation concerning this matter, plea	se call:	
Alexandra H Bos	sshardt	at (<u>954</u>	383-9912
N	ame of Contact Person	Area Coo	le & Daytime Telephone Number
Enclosed is a che	ck for the following amount made	payable to the Florida Depa	rtment of State:
□ \$35 Filing Fe	ee	□\$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 Tallahassee, FL 32314		Amend Divisio Clifton	Address ment Section n of Corporations Building xecutive Center Circle

Tallahassee, FL 32301



April 30, 2019

ALEXANDRA H. BOSSHARDT 100 SOUTH TREMAIN STREET #E2 MOUNT DORA, FL 32757

SUBJECT: DOWNTOWNE MOUNT DORA, INC.

Ref. Number: P93000051048

We have received your document for DOWNTOWNE MOUNT DORA, INC. and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to list an acceptable title.

The title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director title information. http://dos.myflorida.com/sunbiz/search/guides/corporation-records/title-abbreviations/

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist II

2019 MAY 20 AM 11: 4,

Letter Number: 419A00008664

Articles of Amendment to Articles of Incorporation of

P93000051048 (D Pursuant to the provisions of section 607.1006, Flits Articles of Incorporation: A. If amending name, enter the new name of the section o	ocument Number of orida Statutes, this F	filed with the Florida Dept. Corporation (if known) Clorida Profit Corporation ad		ng amer	ndment(s)
(D) Pursuant to the provisions of section 607.1006, Flits Articles of Incorporation: A. If amending name, enter the new name of the section is a section for the section for the section in the section is a section for the section in the section in the section is a section for the section in the section in the section is a section for the section in the section in the section is a section for the section for the section in the section is a section for the section in the section in the section is a section for the section f	orida Statutes, this F	·	opts the followin	ng amer	ndment(s)
Pursuant to the provisions of section 607.1006, Fl ts Articles of Incorporation: A. If amending name, enter the new name of the section for t	orida Statutes, this F	·	opts the followir	ng amer	ndment(s)
its Articles of Incorporation: A. If amending name, enter the new name of the		<i>llorida Profit Corporation</i> ad	opts the following	ig amer	ndment(s)
	he corporation:				
				The	new
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "Co.,"	Corp." "Inc." or "C	o". A professional corpora	rated" or the a tion name must	bbrevio contair	ation
word "chartered," "professional association," or	r the abbreviation "I		: : .	2019	
B. Enter new principal office address, if applic		100 South Tremain Street			1
Principal office address <u>MUST BE A STREET</u>	ADDRESS)	E2		150 150	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		Mount Dora, FL 32757		<u> </u>	
		100 South Tremain Street	, -	1 2: 5	
		E2	٠.	1	
		Mount Dora, FL 32757			
D. If amending the registered agent and/or reg new registered agent and/or the new registe		ss in Florida, enter the nam	e of the		
Alexan	dra H Bosshardt				
Name of New Registered Agent	uth Tremain Street E	2		-	
	(Florida stre			_	
Mount	Dora, FL	,	Florida 32757		
New Registered Office Address:		Ciny)		Code)	

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	PT John I	<u>Doe</u>	
X Remove	<u>V</u> <u>Mike</u>	<u>Jones</u>	
X Add	<u>SV</u> Sally	<u>Smith</u>	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	DVPS	Valerie O Hart	6849 South Clayton St
Add			Mount Dora, FL 32757
X Remove	N	Alexandra H Bosshardt	100 South Tremain Street
2) Change	<u> </u>	Alexandra ri Bossnardi	E2
Add Remove			Mount Dora, FL 32757
3)Change			
Add Remove			
4) Change			
Add Remove			
5) Change			
Add			
Remove			
6) Change			
Add Remove			

f amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)	
·		
f an amendment provides for an excl	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:	
(if not applicable, indicate N/A)	Charles a not contained in the	
(9		
		- -
		_,,
		<u></u>

The date of each amendment	(s) adoption:	, if other than the
date this document was signed.		
mee at a lande and the time	10/20/18	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in t document's effective date on the	this block does not meet the applicable statutory filing requirements, this date Department of State's records.	te will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/wer by the shareholders was/we	e adopted by the shareholders. The number of votes cast for the amendment(see sufficient for approval.	s)
☐ The amendment(s) was/wer must be separately provide	e approved by the shareholders through voting groups. The following statement of for each voting group entitled to vote separately on the amendment(s):	ent
"The number of votes	cast for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
☐ The amendment(s) was/wer action was not required.	e adopted by the board of directors without shareholder action and shareholde	er
The amendment(s) was/wer action was not required.	e adopted by the incorporators without shareholder action and shareholder	
Dated	4/14/19 Ourandsath Busshandr	
Signatura	Alleander Hauschande	
Signature	y a director, president or other officer – if directors or officers have not been	
se	elected, by an incorporator – if in the hands of a receiver, trustee, or other courpointed fiduciary by that fiduciary)	1
	Alexandra H Basshardt (Typed or printed name of person signing)	
	(Typed or printed name of person signing)	
	Trustee / personal Bearsont (Title of person signing)	27/0
	(Title of person signing)	