## P930000 80866

| (Red                      | questor's Name)   |                |
|---------------------------|-------------------|----------------|
| (Add                      | dress)            | <del>,</del> . |
| (Add                      | dress)            |                |
| (City                     | y/State/Zip/Phone | e #)           |
| PICK-UP                   | WAIT              | MAIL           |
| (Bus                      | siness Entity Nar | me)            |
| (Doc                      | cument Number)    |                |
| Certified Copies          | _ Certificate:    | s of Status    |
| Special Instructions to I | Filing Officer:   |                |
|                           |                   |                |
|                           |                   |                |
|                           |                   |                |
|                           |                   | :              |
|                           |                   |                |

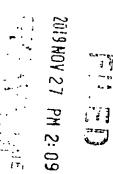
Office Use Only



200337425272

11/27/19--81005--8852,56

S TALLENT



Knord

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

| NAME OF CORPO           | Brown Groves of RATION:  | Central Florida  |   |
|-------------------------|--|--|---|
| DOCUMENT NUMI           | P93000080866   |  |   |
| The enclosed Articles   | of Amendment and fee are su  | bmitted for filing.  |   |
| Please return all corre | spondence concerning this ma   | tter to the following:   |   |
|                         | Andrew E. Brown  |  |   |
|                         | Brown Groves of Central Flo  | Name of Contact Persor<br>orida                                  | 1   |
|                         | 1300 Indian Mound Trail  | Firm/ Company  | <u></u>   |
|                         | Vero Beach, Fl. 32963  | Address  |   |
|                         |  | City/ State and Zip Code   | 3   |
| brow                    | n.andy99@yahoo.com   |  |   |
|                         | E-mail address: (to be us  | sed for future annual report                                     | notification)   |
| For further informatio  | n concerning this matter, pleas  | se call:   |   |
| Andy Brown              |  | 772<br>at (  | 473-4771  |
| Name                    | of Contact Person  | Area Coo   | de & Daytime Telephone Number   |
| Enclosed is a check fo  | or the following amount made   | payable to the Florida Depa                                      | artment of State:   |
| □ \$35 Filing Fee       | □\$43.75 Filing Fee & Certificate of Status                                      | S43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)                   |
| Am<br>Div<br>P.O        | iling Address endment Section ision of Corporations . Box 6327 ahassee, FL 32314 | Amend<br>Divisio<br>The Co<br>2415 N                             | Address ment Section n of Corporations entre of Tallahassee N. Monroe Street, Suite 810 ussee, FL 32303 |

## Articles of Amendment to Articles of Incorporation of

Brown Groves of Central Florida, TMC.

| P93000080866  | ntly filed with the Florida Dept. of | State)          |                 |              |
|---|--------------------------------------|-----------------|-----------------|--------------|
| (Document Number  | r of Corporation (if known)          |                 |                 |              |
| Pursuant to the provisions of section 607.1006, Florida Statutes, the Articles of Incorporation:                            | is Florida Profit Corporation adopts | s the following | g amen          | dment(s)     |
| A. If amending name, enter the new name of the corporation:   |                                      |                 | Thu             |              |
| ame must be distinguishable and contain the word "corporation," Inc.," or Co.," or the designation "Corp." "Inc.," or "Co". | "company," or "incorporated" or ti   | he abbreviatio  | _The<br>on "Cor | p., "        |
| chartered," "professional association," or the abbreviation "P.A  |                                      | musi contan     | 1 4716 11       | i (i) u      |
| B. Enter new principal office address, if applicable:  Principal office address MUST BE A STREET ADDRESS )                  | Vero Beach, Ft. 32963                | ( )             | 20              | _            |
| rincipal office address <u>most bl. A STRELT ADDRESS</u> )  | Vero Beach, 11, 52303                | 1               | S               |              |
|   |                                      | . "             | YO              | E)           |
|   |                                      |                 | 79              |              |
| Enter new mailing address, if applicable:   | same                                 | \$*<br>1"7      | _               |              |
| (Mailing address MAY BE A POST OFFICE BOX)  | <del></del>                          |                 | _₹_             |              |
|   |                                      |                 | 5               | According to |
|   |                                      | : רו            | 9               | _            |
| D. If amending the registered agent and/or registered office ac   |                                      | of the          |                 |              |
| new registered agent and/or the new registered office addre   | ess:                                 |                 |                 |              |
| Name of New Registered Agent  |                                      |                 |                 |              |
|   | nil, Vero Beach, Fl 32963            |                 |                 |              |
|   |                                      |                 | •               |              |
| ··  | street address)                      |                 |                 |              |
| ··  |                                      | orida           |                 |              |

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>          | John Doe                    |   |
|---|--------------------|-----------------------------|---|
| X Remove                                | <u>v</u>           | Mike Jones                  |   |
| X Add                                   | <u>SV</u>          | Sally Smith                 |   |
| Type of Action (Check One)  1) X Change | Title<br>President | Name Andrew E Brown Trustee | Address 1300 Indian Mound Trail, Vero Beach, Fl 32963 |
| X Add Remove X Change                   | D                  | William Francis Brown       | 620 NE 17th Terrace, Pt. Lauderdale, Ft. 33304        |
| Add  Remove Change X Add                | DS<br>             | Mariana Boyles              | 9415SW 21st Ave. Gainesville, Fl. 32607               |
| Remove 4)ChangeAdd                      |                    |                             |   |
| Remove  5) Change  Add                  |                    |                             |   |
| Remove 6) Change Add                    |                    |                             |   |
| Remove                                  |                    | D 2.54                      |   |
| P 14                                    | المذاهب المسا      | Page 2 of 4                 |   |

| ι | ii amending | or adding | g aggittional | Articles, | enter change | e(s) nere. |
|---|-------------|-----------|---------------|-----------|--------------|------------|
|   |             |           |               |           |              | _          |

(Attach additional sheets, if necessary). (Be specific)

NA

|   |  | <del></del>  |
|---|--|--|
|   |  |  |
|   |  |  |
|   |  | <del></del>  |
|   |  |  |
|   |  | * - * - * - * - * - * - * - * - * - * -            |
|   |  |  |
|   |  |  |
|   |  |  |
|   |  | <del></del>  |
|   |  |  |
|   |  | <del>- · · · · · · · · · · · · · · · · · · ·</del> |
|   |  | _ <del>.</del>                                     |
|   |  |  |
|   |  | ·  |
|   |  |  |
|   |  |  |
|   |  |  |
|   |  |  |
|   |  |  |
|   |  |  |
| (if not applicable, indicate N/A) NA    | dment if not contained in the amendment itself:  |  |
|   |  |  |
|   |  | <del></del>  |
|   |  |  |
|   |  |  |
|   |  |  |
|   |  |  |
|   |  |  |
|   |  |  |
|   |  |  |
|   |  |  |
|   |  |  |
|   |  |  |
|   |  |  |
|   | Page 3 of 4                                      |  |
|   |  |  |
| The date of each amendment(s) adoptions | November 27, 2019                                | if other than                                      |
| late this document was signed.          |  | . A Other than                                     |
|   |  |  |
| Effective date <u>if applicable</u> :   | (no more than 90 days after amendment file date) |  |
|   | and more man 70 days after amenamem (ne agie)    |  |

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 a by the shareholders was/were |                               | The number of votes cast for the amendment(s)   |
|  |                               | through voting groups. The following statement to vote separately on the amendment(s):                    |
| "The number of votes car                                   | st for the amendment(s) was   | were sufficient for approval  |
| by   |                               |   |
| ,  | (voting group)                |   |
| ☐ The amendment(s) was/were a action was not required.     | dopted by the board of direct | ors without shareholder action and shareholder  |
| ☐ The amendment(s) was/were a action was not required.     | lopted by the incorporators   | without shareholder action and shareholder  |
| Novemb   | er <b>27</b> , 2019           |   |
| Dated<br>Signature   |                               | m   |
| select   |                               | officer – if directors or officers have not been in the hands of a receiver, trustee, or other court ary) |
|  | Andrew E Brown                |   |
|  | (Typed or print               | ted name of person signing)   |
|  | Trustee Registered            | 2 Mezent  |
|  | (Title of person signing)     |   |