# P9500053454

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2018 AUG -3 PM 4: 34
SECRETARY OF STATE

C. GOLDEN AUG - 7 2018

## **COVER LETTER**

Division of Corporations NAME OF CORPORATION: DOCUMENT NUMBER: \_\_ The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: City/ State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Colin Dy vol at ( 305) 418-0006 EXT. 223 Enclosed is a check for the following amount made payable to the Florida Department of State: ☑ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed)

#### Mailing Address

TO: Amendment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment

to

# Articles of Incorporation

FILED

of

2018 AUG -3 PM 4: 34

POLLACK O	mo Riscord	PA		2018 AUG -3	PM 4: 3
(Name of Corporat	ion as currently	filed with the Flori	da Dept. of St	ate PORCIAR's	OF STA
,	195000	53C5	4	TALLAHAS	SSEE. FL
(Досиг	ment Number of	Corporation (if know	m)		
Pursuant to the provisions of section 607.1006, Florid its Articles of Incorporation:	a Statutes, this I	lorida Profit Corpor	ration adopts t	he following amer	ndment(s) to
A. If amending name, enter the new name of the co	orporation:				
				The	new
name must be distinguishable and contain the wor "Corp.," "Inc.," or Co.," or the designation "Corp word "chartered," "professional association," or the	o, " "Inc," or "C	lo". A professional			
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADD					
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>) (</u> )				<del>-</del>
				<del></del>	
D. If amending the registered agent and/or registe			the name of t	<u>he</u>	
new registered agent and/or the new registered	office address:				
Name of New Registered Agent					
	(Florida stre	et address)			
New Registered Office Address:	<u> </u>		Flori	da	
	(	City)		(Zip Code)	
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent.	gistered Agent: I am familiar w	ith and accept the ob	ligations of the	e position.	
Cim	Automoral Vana Da	mintage of Amount if also			

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 D	<u>oe</u>			
X Remove	<u>V</u>	Mike J	<u>ones</u>			
X Add	<u>sv</u>	Sally S	mith			
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	i		<u>Addres</u> s
1) Change	SEIRE	JA R.		NEAL	FARR	16,23 MICANOPILAV.
Add		•				COCONUT GROYL
Remove						FL 33133
2) Change		<del>_</del>				
Add						
Remove						- <del></del>
3 ) Change						
Add						
Remove						
4) Change		_		_		<del>.</del>
Add						
Remove						
5) Change		<u></u>			<del></del>	
Add						
Remove						
6) Change		_				
Add						
Remove						

f amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)	<u> </u>		
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6			n of issued charac	
f an amendment provides for an exch provisions for implementing the ame	ndment if not cont	ained in the amen	dment itself:	•
(if not applicable, indicate N/A)				
			<del></del>	
·. <u>-</u>				
				-
	<u>-</u> -			<u> </u>

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this dadocument's effective date on the Department of State's records.	ite will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statements be separately provided 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)	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholde action was not required.	er
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 8 /2 / 1 8	
Signature June 7 June Pus	
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other course.	-1
appointed fiduciary by that fiduciary)	•
JOSEPH F ROSPAL	
(Typed or printed name of person signing)	<u>.</u>
PRESIDENT	
(Title of person signing)	