P96000015455

Office Use Only



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COVER LETTER

TO:	Amendment Section
	Division of Corporations

NAME OF CORPORATION: TREASURE CHAST GARAGE DOPS, INC					
DOCUMENT NUMBER: P9600015455					
The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
Name of Contact Person TREASURE COASTGARASE DOORS, JNC Firm/ Company 9 bb SW B. HMORE ST Address PORT ST. 1UC. E. Pl. 34983 City/ State and Zip Code DELLEWS WACNER DAOL COM E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Name of Contact Person at (1712) 879-0487 Area Code & Daytime Telephone Number					
Enclosed is a check for the following amount made payable to the Florida Department of State:					
S35 Filing Fee Scrifficate of Status Certified Copy (Additional Copy is enclosed) S43.75 Filing Fee Scriffied Copy (Additional Copy is enclosed) S52.50 Filing Fee Scriffied Copy (Certified Copy (Additional Copy is enclosed)					
Mailing Address 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					

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Articles of Amendment

to Articles of Incorporation

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(Name of Corpor			Florida Dept. of Stat	6) 7~~~	
	0910000	15455			
(Doc	cument Number of C		^known)	<u>-</u>	
Pursuant to the provisions of section 607.1006, Florits Articles of Incorporation:	rida Statutes, this Fi	orida Profit (Corporution adopts the	following amend	iment(s) to
A. If amending name, enter the new name of the	e corporation:				
				The	
name must be distinguishable and contain the ward corp.," "Inc.," or Co.," or the designation "Coword "chartered," "professional association," or the base of the principal office address, if applica is a second contact of the principal office address.	orp," "Inc," or "Co the abbreviation "P.	o". A profes:			
(Principal office address <u>MUST BE A STREET A</u>					-
					- 3
			.		435
C. Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE I	BOX)			<u></u>	
				ಸ. ಭ	
D. If amending the registered agent and/or regis		s in Florida,	enter the name of the		- 유·
new registered agent and/or the new register	red office address:				
Name of New Registered Agent					
	(Florida stree	t address)			
New Registered Office Address:			, Florida		
	(C	ity)		(Zip Code)	_
No Decision I A Company of the Company					
New Registered Agent's Signature, if changing R I hereby accept the appointment as registered agen		h and accept	the obligations of the p	osition.	
· · · · · · · · · · · · · · · · · · ·	-	•			
-			· · · · ·		
21	ignature of New Reg	usiered Agent	, y changing		

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 Do	<u>oe</u>	
X Remove	V Mike Jo	ones	
<u>X</u> Add	SV Saily Sr	nith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	<i>P</i>	MARKTWAGNER	b9260W DAFFOO. 1 IN
Add			PORTSTLUCIE, 71.34983
Remove			
2) A Change	P.V.T.S.	HEllen RWAGNER	69260WDAFF d.ILD
Add			POETSTLUCIE, FL 34963
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change		 	
Add			
Remove			
6) Change			
Add			
Remove			

Auacii aaaiii0	or adding additional A nal sheets, if necessary). (Be specific)			
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f a a a a a a a a a a a a					
provisions fo	ent provides for an ex or implementing the a	mendment if not	contained in the a	<u>mendment itself:</u>	res,
(if not ap	pplicable, indicate N/A)	l			
		. =			
			,		
				<u></u>	

The date of each amendment(s) adopti date this document was signed.	ion:	7-12-17		, if other than the
Effective date if applicable:				
Elicetive date il applicable.	(no mor	re than 90 days after am	endment file date)	
Note: If the date inserted in this block document's effective date on the Departi			iling requirements, this date	will not be listed as the
Adoption of Amendment(s)	(CHECK ON	<u>√E</u>)		
☐ The amendment(s) was/were adopted by the shareholders was/were sufficie	by the sharehold ent for approval.	lers. The number of vote	es cast for the amendment(s)	
☐ The amendment(s) was/were approve must be separately provided for each	d by the sharehol woting group en	lders through voting groutitled to vote separately	ups. The following statement on the amendment(s):	
"The number of votes cast for the	ne amendment(s)	was/were sufficient for	approval	
by	- · <u> </u>		"	
	(voting group	<i>)</i>)		
The amendment(s) was/were adopted action was not required.	by the board of o	directors without shareho	older action and shareholder	
☐ The amendment(s) was/were adopted action was not required.	by the incorpora	tors without shareholder	action and shareholder	
Dated	1-17			
Signature (S)	en wo		or officers have not been	
(By a directo	or, president or of	ther officer - if directors	or officers have not been	
selected, by	an incorporator -	 if in the hands of a reco 	eiver, trustee, or other court	
appointed fi	duciary by that fi	iduciary)		
	HEI Typed or	Printed name of person	SER	
	(Typed of	printed name of person	aiginiig)	
<u></u>	P, V	S, T,		
		(Title of person signin	g)	