

R. WHITE

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: SAW PALMETTO BERRIES CO-OP OF FLORIDA, INC

DOCUMENT NUMBER: P96000045039

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

GREG PERRINO

Name of Contact Person

PERRINO & ASSOCIATES CPAS

Firm/ Company

4100 CORPORATE SQ # 160

Address

NAPLES FL 34104

City/ State and Zip Code

sawpalm@comcast.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GREG PERRINO

Name of Contact Person

at (239) 434-8299

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$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

Street Address

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

Articles of Amendment
to
Articles of Incorporation
of

FILED

14 SEP 22 AM 11:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDASAW PALMETTO BERRIES CO-OP OF FLORIDA, INC

(Name of Corporation as currently filed with the Florida Dept. of State)

P96 0000 450 39

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent

(Florida street address)

New Registered Office Address:

(City)

Florida

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if 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:

☒ Change **PT** John Doe

☒ Remove **V** Mike Jones

☒ Add **SV** Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>SECRETARY</u>	<u>SUSANNE ZAINO</u>	<u>6771 HUNTERS ROAD</u> <u>NAPLES, FL 34109</u>
2) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____

E. If amending or adding additional Articles, enter change(s) here:

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

N/A

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:

(if not applicable, indicate N/A)

N/A

The date of each amendment(s) adoption: JANUARY 6, 2014 if other than the date this document was signed.

Effective date if applicable: _____
(no more than 90 days after amendment file date)

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.

☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):

"The number of votes cast for the amendment(s) was/were sufficient for approval

by _____"
(voting group)

☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated 9/18/14

Signature _____

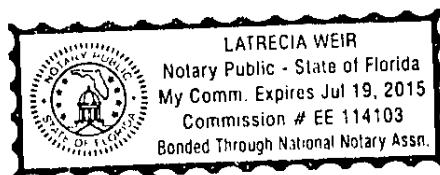
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Gregory Zardo

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)



Latrecia Weir
9-18-14

9/9/2014

NOTICE OF ELECTION TO BE EXEMPT

NOTICE OF ELECTION TO BE EXEMPT

If this application contains incomplete or inaccurate information, it may cause a delay in the issuance of your exemption. An officer electing an exemption under Chapter 440, Florida Statutes, is not entitled to benefits under this chapter.

Section 1:**APPLICANT INFORMATION**

*Name: SUSANNE ZALDO ☐
First Name M Last Name Suffix

☒ *State Driver's License Number: or ☐ *Florida Identification Number:

Florida 2500-783-60-633-0
State Driver's License or Identification Number

[Click Here](#) for information on obtaining a Florida Driver's License or Identification Card

*Social Security Number (last four digits): 6443

*Date of Birth: 04/13/1960

Email Address: SANPALM@COMCAST.NET

-The Division's purpose in collecting an email address is to communicate with the applicant regarding exemption related issues.

Section 2:

This section defaults to a Construction Industry Applicant. If you are in the non-construction industry, click on the radio button in order to select Non Construction Industry Applicant. The choice made below will determine which type of classification codes, either construction or non-construction, will appear in Section 3, Scope of Business or Trade.

☒ **CONSTRUCTION INDUSTRY APPLICANT (\$50 FEE REQUIRED):**

*Please check the appropriate box to identify if you are an officer of a corporation or a member of a limited liability company.

☐ Officer of a Corporation having at least 10% ownership

☐ Member of a Limited Liability Company (LLC) having at least 10% ownership

☒ **NON-CONSTRUCTION INDUSTRY APPLICANT (NO FEE REQUIRED):**

*Please check the appropriate box to identify if you are an officer of a corporation or a member of a limited liability company.

☒ Officer of a Corporation: SECRETARY

☐ Member of a Limited Liability Company (LLC) having at least 10% ownership

Section 3:

This section should be completed with information specific to your corporation or to the limited liability company in which you are a member. The name of the corporation or limited liability company listed on this application MUST match the name of the corporation or limited liability company as registered with the Florida Division of Corporations. If you are unsure of the registered name, [Click here to copy and paste the name of the corporation or limited liability company- Florida Division of Corporations.](#)

*Name of Corporation or LLC:

SAN PALMETTO BEACHES LODGE OF FLORIDA, INC

*FEN: 65 069 0565

Section 9:

I certify that any employees of the corporation or members of the limited liability company listed in Section 3 are covered by workers' compensation insurance. Please identify the workers' compensation insurance carrier that covers any non-exempt employees.

Carrier Name: GUARANTEE INSURANCE CO

or

☐ My business does not have any non-exempt employees.

Section 10:

FRAUD NOTICE

A. Any person who, knowingly and with intent to injure, defraud, or deceive the department or any employer or employee, insurance company or any other person, files a Notice of Election to be Exempt containing any false or misleading information is guilty of a felony of the third degree.

B. Attestation of applicant – By providing my name below, I attest that I have read, understand and acknowledge the foregoing notice.

C. I acknowledge that this Notice of Election to be Exempt does not exceed limits for corporate officers, including any affiliated corporations as provided in Section 440.02, Florida Statutes.

SUSANNE
First Name

IZAINO
Last Name

2500-793-60633-0
Driver's License or Identification Number

Exemption information is reflected on the Proof of Coverage database the day following the issuance of the exemption.

[Continue](#)

[Back](#)

9/9/2014

NOTICE OF ELECTION TO BE EXEMPT

To obtain a Federal Employer Identification Number, Click Here

Business Name (DBA):

*Phone: 239 775 4286

*Applicant's Address of Record: 6771 HUNTERS ROAD

COLLIER

*City: NAPLES

*State: Florida

*Zip: 34109

County: -Choose A County-

Click on the arrow(s) next to the text box(s) to view and select the appropriate classification/trades for the industry type chosen in Section 2. If you are unsure which classification/trade applies to your business, please contact your workers' compensation insurance carrier. If you do not have a workers' compensation insurance policy, please contact the National Council on Compensation Insurance (NCCI) at 1-800-622-4123, obtain the proper classification code(s).

-Choose A Scope-

*Scope of Business or Trade:

-Choose A Scope-

-Choose A Scope-

-Choose A Scope-

Section 4:

The corporation of which you are an officer or limited liability company of which you are a member must be registered and in ACTIVE status with the Florida Division of Corporations. Applicants applying as an officer of a corporation must be listed as an officer of the corporation with the Florida Division of Corporations.

List the document number on file with the Florida Division of Corporations.

P96000045039

[Click here to copy and paste the document number - Florida Division of Corporations](#)

Section 5:

Pursuant to Chapter 489, F.S. (contractor licensing law), list certified or registered licenses related to the scope of business or trade listed in Section 3 held by the applicant, or the certified or registered license numbers held by the qualifier for the corporation or limited liability company listed on this application. The business name listed on the license MUST match the name of the corporation or limited liability company as registered with the Florida Division of Corporations and on this Notice of Election to be Exempt.

[Click here to copy and paste your license number - Department of Business Regulation](#)

Professional Regulation

☒ This section is not applicable to my business.

Section 6:

Confirmation Number (Will be displayed after online payment is submitted)

Section 7:

*Are you affiliated with any corporation or limited liability company other than the corporation or limited liability company to which this application applies? ☐ Yes ☒ No

IF YES, PLEASE LIST THE NAME(S) AND FEIN(S) OF THE AFFILIATED CORPORATION(S) OR LLC(S):

*NAME:

FEIN:

NAME:

FEIN:

NAME:

FEIN:

Section 8: CONSTRUCTION INDUSTRY AND NON-CONSTRUCTION INDUSTRY LLC MEMBERS ONLY

To be eligible for a construction industry exemption or non-construction limited liability company exemption, an applicant must have the required ownership of the corporation or limited liability company.

☒ I am a shareholder owning at least ten percent (10%) of the stock of the corporation listed on this application.