

P97000058361

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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☐

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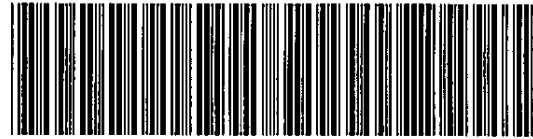
(Business Entity Name)

(Document Number)

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2016 OCT -5 PM 7:09

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OCT 10 2015

C. CARROTHERS

BRIAN C. PERLIN, P.A.

Making a difference one family at a time

Brian C. Perlin, Esquire

Florida Bar Certified Specialist, Wills, Trusts & Estates
Florida Bar Certified Specialist, Elder Law
Florida Certified Public Accountant
CERTIFIED FINANCIAL PLANNER™

201 Alhambra Circle, Suite 503, Coral Gables, FL 33134
Phone: 305-443-3104 | Fax: 305-443-0106
brian@perlinestateplanning.com

October 4, 2016

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

Re: PLACID GARDENS, INC.

Dear Sir or Madam,

Enclosed please find the following:

- Form for filing Articles of Amendment to Articles of Incorporation of PLACID GARDENS, INC.;
- Check number 8020 in the amount of \$43.75 representing the filing fee.

If you have any questions, please don't hesitate to contact my office.

Very truly yours,



Brian C. Perlin

BCP/fr
Enclosures

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: PLACID GARDENS, INC.

DOCUMENT NUMBER: P97000058361

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

Please return all correspondence concerning this matter to the following:

BRIAN C. PERLIN, ESQ.

Name of Contact Person

BRIAN C. PERLIN, P.A.

Firm/ Company

201 ALHAMBRA CIRCLE, SUITE 503

Address

CORAL GABLES, FL 33134

City/ State and Zip Code

BRIAN@PERLINESTATEPLANNING.COM

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

For further information concerning this matter, please call:

BRIAN C. PERLIN

Name of Contact Person

at (305)

443-3104

Area Code & Daytime Telephone Number

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

☐ \$35 Filing Fee

☒ \$43.75 Filing Fee &
Certificate of Status

☐ \$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

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

Articles of Amendment
to
Articles of Incorporation
of

PLACID GARDENS, INC.

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

P97000058361

(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:

N/A

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**)

201 ALHAMBRA CIR, STE 503

CORAL GABLES, FL 33134

C. Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

9 BROOKHILL RD.

EAST BRUNSWICK, NJ 08816

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

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change	<u>PD</u>	<u>GUILLERMO TRONCOSO</u>	<u>16001 W TROON CIR</u>
<input type="checkbox"/> Add			<u>MIAMI LAKES, FL 33014</u>
<input checked="" type="checkbox"/> Remove			
2) <input checked="" type="checkbox"/> Change	<u>P</u>	<u>MARIA I TRONCOSO-LIPKIN</u>	<u>9 BROOKHILL RD</u>
<input type="checkbox"/> Add			<u>EAST BRUNSWICK, NJ 08816</u>
<input type="checkbox"/> Remove			
3) <input type="checkbox"/> Change	<u>VP</u>	<u>GUILLERMO E TRONCOSO III</u>	<u>1219 GREENWOOD AVE</u>
<input checked="" type="checkbox"/> Add			<u>TORRANCE, CA 90503</u>
<input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change	<u>TR</u>	<u>PLACIDA L SANCHEZ</u>	<u>5 COOK RD</u>
<input checked="" type="checkbox"/> Add			<u>EAST BRUNSWICK, NJ 08816</u>
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change	<u>TR</u>	<u>GISELA TRONCOSO CHAPLES</u>	<u>10221 OBSIDIAN DRIVE</u>
<input checked="" type="checkbox"/> Add			<u>DENTON, TX 76207</u>
<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: _____, 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 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 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 9-28-2016

Signature Maria Troncoso-Lipkin
(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)

MARIA I TRONCOSO LIPKIN

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)