## P98000092733

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## COVER LETTER

TO: Amendment Section Division of Corporations

NAME O	F CORPOR	RATION: NAPLES WHOLE	ESALE & RETAIL BAIT, I	NC.	
DOCUMI	ENT NUMB	P98000092733		<u></u>	20
The enclos	sed <i>Articles</i> (	of Amendment and fee are su	bmitted for filing.		IN TH
Please rett	urn all corres	pondence concerning this ma	tter to the following:	1	2019 FFB 19 F
		WANDA L. REEVES		:	: - T
	,		Name of Contact Person		
		ACCOUNTING & CLERIC	AL BY REEVES & ASSOC	CIATES, INC.	5
	•		Firm/ Company		
		501 GOODLETTE ROAD, S	SUITE B204		
	•		Address	<u> </u>	
		NAPLES, FLORIDA 34102			
	•		City/ State and Zip Code	2	
	wanda	aacra@earthlink.net			
		•	sed for future annual report	notification)	
		12 111011 (10010), 100 00 11.	turne united types	,	
For furthe	r information	concerning this matter, pleas	se call:		
маск н	IAMILTON		239	775-2961	
		of Contact Person	at (at (	) de & Daytime Telephone Nu	mbar
	:Name C	or Contact Person	Area Coo	ue & Daytime Telephone No	nioer
Enclosed	is a check for	the following amount made	payable to the Florida Depa	rtment of State:	
<b>S</b> \$35 F	1:27	□S43.75 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)	
Máiling Address  Máiling Address  Améndment Section  Division of Corporations  P.O. Box 6327  Tállahassee, FL 32314			Street Address		
Щ	Ame	ndiment Section		ment Section	
$\mathcal{O}$	<b>⊋</b> Di₩	sion of Corporations		n of Corporations	
Division of Corporations P.O. Box 6327 Tottabassee FL 32314			Clifton Building		
Tätfahassee, FL 32314			2661 Executive Center Circle		
	2019 2019 2019		l allaha	ssee, FL 32301	

## Articles of Amendment to Articles of Incorporation of

NAPLES WHOLESALE & RETAIL BAIT, INC.

f Corporation (if known)	
Florida Profit Corporation ad	opts the following amendment(s)
	The new 7
m," "company," or "incorpo "Co". A professional corpora "P.A."	rated" or the abbreviation
	6. W
1696 SHADOWLAWN D NAPLES, FLORIDA 341	
ress in Florida, enter the nam	ne of the
	<del></del>
reet address)	<del></del>
	. Florida
(City)	(Zip Code)
t: with and accept the obligation.	s of the position
	Florida Profit Corporation ad on, " "company," or "incorpo 'Co". A professional corpora "P.A."  1696 SHADOWLAWN D NAPLES, FLORIDA 341  ress in Florida, enter the nan s:  (City)

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: <u>X</u> Change	<u>PT</u>	John D	<u>oe</u>	
$\underline{X}$ Remove	<u>V</u>	Mike Jo	one <u>s</u>	
X Add	<u>sv</u>	Sally S	<u>mith</u>	Address III
Type of Action (Check One)	<u>Title</u>		Name	. — <u> </u>
1) Change	PND	_	TRILBIA HAMILTON	3615 14TH AVENUE NORTH
Add				NAPLES, FLORIDA 34103J 💎 🚗
X Remove				
2) Change		_		
Add				
Remove				
3 ) Change				
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Remove				<u> </u>

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)	
ARTICLE I: NAME UNDER ARTICLE I SHOULD BE CHANGE	O TO:
NAPLES WHOLESALE & RETAIL BAIT, INC.	
	2019
	;; <del>1</del> ; <del>1</del>
	· ·
	<u> </u>
	anneallation of ivened chares
F. If an amendment provides for an exchange, reclassification, or provisions for implementing the amendment if not contained i	n the amendment itself:
(if not applicable, indicate N/A)	

, , , , , , , , , , , , , , , , , , , ,	01/01/2019	if other than the
The date of each amendment(s) add date this document was signed.	option:	
Effective date if applicable:	(no more than 90 days after amendment file date)	<del> </del>
Note: If the date inserted in this bl document's effective date on the Dep	ock does not meet the applicable statutory filing requirements, this date will partment of State's records.	not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
■ The amendment(s) was/were adop by the shareholders was/were suf	oted by the shareholders. The number of votes cast for the amendment(s). Ficient for approval.	9
☐ The amendment(s) was/were appropriate the separately provided for a	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	984 679 19
	or the amendment(s) was/were sufficient for approval	T III
by	(voting group)	THE STATE OF THE S
	en e	ليا تعا
☐ The amendment(s) was/were adopaction was not required.	pted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were adoraction was not required.	pted by the incorporators without shareholder action and shareholder	
01/15/2019 Dated		
Signature ( 2	MATTE	
(By a di selecteo	rector, president or other officer – if directors or officers have not been I, by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)	
	MACK HAMILTON	
	(Typed or printed name of person signing)	
	VICE-PRESIDENT	
	(Title of person signing)	