532860

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Omend

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION:	INC.		
DOCUMENT NUMI				
	of Amendment and fee are su	bmitted for filing.		
Please return all corre	spondence concerning this ma	tter to the following:		
	Bruce Brashear			
	Brashear & Assoc., PL	Name of Contact Person	1	
	925 NW 56th Terr, Suite C	Firm/ Company		
	Gainesville, FL 32605	Address		
		City/ State and Zip Code	:	
bbras	hear@ntlalaw.com	sed for future annual report	notification)	
For further informatio	n concerning this matter, pleas			7 ::: -7
Bruce Brashear		at (336-0800	·
Name of Contact Person Area Code & Daytime Telepho		de & Daytime Telephone Number	— 	
Enclosed is a check for	r the following amount made	payable to the Florida Depa	rtment of State:	න .ඉ
S35 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)	
Ame Div P.O	ling Address endment Section ision of Corporations Box 6327 ahassee, FL 32314	Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle issee, FL 32301	

Articles of Amendment Articles of Incorporation of

	FLORIDA MIN	T, INC.		
(Name o	of Corporation as currently	filed with the Florida Dept. of State)	-	
	83286	60		
<u> </u>	(Document Number of C	Corporation (if known)		
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this F	lorida Profit Corporation adopts the following	ig amendment(s) to	
A. If amending name, enter the new m	ame of the corporation:			
			The new	
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	aation "Corp," "Inc," or "C	" "company," or "incorporated" or the wo". A professional corporation name must A."	hbreviation contain the	
		4820 NEWBERRY ROAD		
B. Enter new principal office address, (Principal office address <u>MUST BE A S</u>		GAINESVILLE, FL 32606		
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>)		4820 NEWBERRY ROAD		
		GAINESVILLE, FL 32606		
				
			1	
D. If amending the registered agent an new registered agent and/or the new	nd/or registered office addre w registered office address:	ss in Florida, enter the name of the	1 2 m	
Name of New Registered Agent Bruce Brashear			- 10 13 cm	
Name of New Registered Agent	925 NW 56th Terr, Suite C		- 12 3 3 15 15	
		et address)	_ ,,	
V 10 1 1000 AH	Gainesville	. Florida 32605		
<u>New Registered Office Address:</u>	(6		Code)	
New Registered Agent's Signature, if c I hereby accept the appointment as regist	hanging Registered Agent: tered agent. I am familiar wi	th and accept the obligations of the position.		
	Bur Bu	ali	_	
	Signature of New Re	gistered 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.

<u>X</u> Change	<u>PT</u> <u>Johr</u>	<u>ı Doe</u>			
X Remove	<u>V</u> <u>Mik</u>	Mike Jones			
X Add	<u>SV</u> <u>Sall</u>	y Smith			
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s		
1) Change	DPCEO	FREDERICK SATTES	5200 W. NEWBERRY ROAD		
Add			STE. D-9		
X Remove			GAINESVILLE, FL 32607		
2) Change	DPST	MICHAEL C. KLINE	4035 NW 43RD STREET		
X Add			GAINESVILLE, FL 32606		
Remove					
3) Change	VP	ROSEMARIE C. WEAVER	9 NW 99th Ter		
X Add			Gainesville, FL 32607-1314		
Remove					
4) Change			_		
Add					
Remove					
5) Change					
Add					
Remove					
6) Change					
Add					
Remove					

CLUCK GREATINGS	ling additional Articles, neets, if necessary).— (B	e specific)			
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fan a <u>me</u> ndme <u>nt r</u>	provides for an exchang	<u>e, reclassification, c</u>	<u>or cancellation of i</u>	ssued shares,	
<u>provisions for im</u> j	olementing the amendm	<u>ient if not contained</u>	<u>l in the amendmen</u>	<u>t itself:</u>	
(if not applica	ble, indicate N/A)				
					
					

The date of each amendment(s) add	ption: 7/5/2017	, if other than the
date this document was signed	7/-/2-17	
Effective date <u>if applicable</u> :	1 15 1201 7 too more than 90 days after amendment file da	
Note: If the date inserted in this ble document's effective date on the Dep	ick does not meet the applicable statutory filing requirement of State's records.	ents, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was 'were adop by the shareholders was/were suff	ted by the shareholders. The number of votes cast for the a icient for approval.	mendment(s)
☐ The amendment(s) was/were appr must be separately provided for e	oved by the shareholders through voting groups. The followach voting group entitled to vote separately on the amenda	ving statement vent(s):
	or the amendment(s) was/were sufficient for approval	
hy	(voting group)	
	(voting group)	
☐ The amendment(s) was/were adoptaction was not required.	ted by the board of directors without shareholder action and	i shareholder
☐ The amendment(s) was/were adoptaction was not required.	ted by the incorporators without shareholder action and sha	reholder
July 6, 2013 Dated		
Signature	My Vine	
(By a dir sologied	vior, president or other officer – if directors or officers have by an incorporator – if in the hands of a receiver, trustee, o	re not been or other court
	d fiduciary by that fiduciary)	
ì	AICHAEL C. KLINE	
-	(Typed or printed name of person signing)	
I	Director and President	
-	(Title of person signing)	