

V604126

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status ✓
4.5

Special Instructions to Filing Officer:

Office Use Only



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04/16/13--01014--025 **43.75

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13 MAY -8 PM 4:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Amey
5-29-13

SEMINOLE SALES, INC.

174B Semoran Commerce Place Suite # 125
Apopka, Florida 32703
Phone: (407)814-0797
Fax: (407)814-0798
E-Mail: Linda@semsales.com

April 12, 2013

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

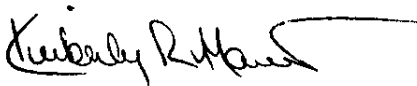
RE: Amending the Officers/Directors

Dear Sir/Madam,

The enclosed is the Amendment papers filled out and a Check for \$43.75 for Filing Fee and Certificate of Status.

Should you need more information, you can contact me at the above phone or e-mail address.

Sincerely,



Kimberly R. Mamo
President

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: SEMINOLE SALES, INC.

DOCUMENT NUMBER: V64126

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

Please return all correspondence concerning this matter to the following:

KIMBERLY R. MAMO
Name of Contact Person

SEMINOLE SALES, INC.
Firm/ Company

174B SEMDRAN COMMERCE PLACE, SUITE #125
Address

APOPKA, FLORIDA 32703
City/ State and Zip Code

KIM@SEMSALES.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KIMBERLY MAMO at (407) 814-0797
Name of Contact Person Area Code & Daytime Telephone Number

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

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> \$35 Filing Fee | <input checked="" 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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 22, 2013

SALES

SEMINOLE ~~SALES~~, INC.
174B SEMORAN COMMERCE PLACE
SUITE 125
APOPKA, FL 32703

SUBJECT: SEMINOLE SALES, INC.
Ref. Number: V64126

We have received your document for SEMINOLE SALES, INC. and check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

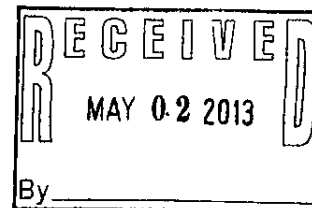
Page 4 of 4 must be completed.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Sylvia Gilbert
Regulatory Specialist II

Letter Number: 613A00009646



Articles of Amendment
to
Articles of Incorporation
of

SEMINOLE SALES, INC.

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

V64126

(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:

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:

X Change PT John Doe

X Remove V Mike Jones

X Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <u>X</u> Change ____ Add ____ Remove	<u>V</u>	<u>LINDA N. RIVES</u>	<u>206 CHERRY HILL CIRCLE</u> <u>LONGWOOD, FL 32779</u>
2) <u>X</u> Change ____ Add ____ Remove	<u>PTDC</u>	<u>KIMBERLY R. MAMO</u>	<u>1663 MANTIS LOOP</u> <u>APOLKA, FL 32703</u>
3) ____ Change ____ Add ____ Remove	_____	_____	_____ _____ _____
4) ____ Change ____ Add ____ Remove	_____	_____	_____ _____ _____
5) ____ Change ____ Add ____ Remove	_____	_____	_____ _____ _____
6) ____ Change ____ Add ____ Remove	_____	_____	_____ _____ _____

E. If amending or adding additional Articles, enter change(s) here:
(Attach additional sheets, if necessary). (Be specific)

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)

The date of each amendment(s) adoption: APRIL 11, 2013

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 5/2/13

Signature Kimberly R. Mamo
(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)

KIMBERLY R. MAMO
(Typed or printed name of person signing)

PRESIDENT
(Title of person signing)