149782

(Requestor's Name)
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PICK-UP WAIT MAIL
•
(Business Entity Name)
(Document Number)
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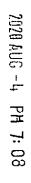




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S TALLEN'T SEP 2/2/2020



How

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Hole Montes, Inc		
DOCUMENT NUM	449782		
The enclosed Articles	s of Amendment and fee are su	bmitted for filing.	
Please return all corre	espondence concerning this ma	tter to the following:	
	June T. Sapp		
		Name of Contact P	erson
	Hole Montes, Inc.		
		Firm/ Company	y
	950 Encore Way, Suite 20	0	
		Address	
	Naples, FL 34110		
		City/ State and Zip	Code
	junesapp@hmeng.com		
	E-mail address: (to be us	ed for future annual re	port notification)
For further information	on concerning this matter, pleas	se call:	
June T. Sapp		at (²³⁹	254-2014
Name	of Contact Person		Code & Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the Florida	Department of State:
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee Certified Copy (Additional copy is enclosed)	Certificate of Status
Am Div P.O	iling Address endment Section ision of Corporations . Box 6327 lahassee, FL 32314	An Div Th 24	reet Address nendment Section vision of Corporations e Centre of Tallahassee 15 N. Monroe Street, Suite 810 llahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

Hole Montes, Inc.	A 64 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
(Name of Corporation as	currently filed with the F	lorida Dept. of State)	
	Number of Corporation (if k	nown)	
Pursuant to the provisions of section 607.1006, Florida Statuits Articles of Incorporation:	utes, this Florida Profit Cor	poration adopts the fo	llowing amendment(
A. If amending name, enter the new name of the corporate	ation:		
			The new
name must be distinguishable and contain the word "corpord "Inc.," or Co.," or the designation "Corp," "Inc," or " "chartered," "professional association," or the abbreviatio	"Co". A professional cor	orporated" or the abbr poration name must	eviation "Corp.,"
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRES.	<u></u>)		
C. Enter new mailing address, if applicable:			· · · · · · · · · · · · · · · · · · ·
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)			
			1
			;,
D. If amending the registered agent and/or registered of	Top address in Florida on	ton the	7: 08
new registered agent and/or the new registered office		ter the name of the	08
Name of New Registered Agent			
	lorida street address)		
New Registered Office Address:		. Florida	
new regimered types radioss.	(City)	, riorida	(Zip Code)
New Registered Agent's Signature, if changing Registered liberally accept the appointment as registered agent. I am for	d Agent: amiliar with and accept the	obligations of the posi	tion
	· · · · · · · · · · · · · · · · · · ·	or riginition by the promi	
Signatura	of New Registered Agent, if o	olympia.	
	у иси педіметей яхет, у с	minging	
Check if applicable ☐ The amendment(s) is/are being filed pursuant to s. 607.01	20 (11) (a) F.S		
amendment(s) is are being med pursuant to 5, 007.01	20 (11) (6), 1.3.		

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)

Example:

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.

X Change	<u>PT</u>	John Do	<u>se</u>	
X Remove	\underline{V}	Mike Jo	nes	
X Add	<u>\$V</u>	Sally Sn	nith	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change	V	_	William E Prysi	6200 Whiskey Creek Dr
X Add				Fort Myers, FL 33919
Remove				
2) Change				
Add				
Remove 3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Remove				

Attach additional sheets, if necessary).	icles, enter change(s) here (Be specific)	
	· · · · · · · · · · · · · · · · · · ·	
		
		·
	-	
f an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	ange, reclassification, or and ment if not contained in	cancellation of issued shares, n the amendment itself:
		-

	07/20/2020
The date of each amendment(s) :	adoption:, if other than the
date this document was signed.	
	20/2020
Effective date <u>if applicable</u> :	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this document's effective date on the E	block does not meet the applicable statutory filing requirements, this date will not be listed as the department of State's records.
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were ac action was not required.	lopted by the incorporators, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/were ac by the shareholders was/were s	lopted by the shareholders. The number of votes east for the amendment(s) sufficient for approval.
	proved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s):
"The number of votes cas	t for the amendment(s) was/were sufficient for approval
Board of Directors	••
0,	(voting group)
	director, president or other officer – if directors or officers have not been
	ed, by an incorporator – if in the hands of a receiver, trustee, or other court sted fiduciary by that fiduciary)
	June T. Sapp
	(Typed or printed name of person signing)
	Secretary/Treasurer
	(Title of person signing)

 $x_{i} \in \mathbb{R}^{n}$