G17285

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11/29/21--01010--017 **43.75



A. RAMSEY DEC 15 2021

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: LANDEX REALTY	r. INC.	_	<u></u>	
DOCUMENT NUM					
The enclosed Articles	of Amendment and fee are sub	omitted for filing.			
Please return all corre	spondence concerning this mat	ter to the followi	ng:		
	Christopher J. Shields. Esq.				
		Name of Cont	act Person		
	Pavese Law Firm				
		Firm/ Con	npany		
	1833 Hendry Street				
		Addre	SS		
	Fort Myers, Florida 33901				
		City/ State and	l Zip Code		
	JM@Paveselaw.com				
	E-mail address: (to be use	ed for future ann	ual report r	notification)	
	on concerning this matter, please			226.6215	
Jennifer Manley		at (239	336-6245	
Name	of Contact Person		Area Cod	e & Daytime Telephone Number	
Enclosed is a check for	or the following amount made p	ayable to the Flo	orida Depai	riment of State:	
S35 Filing Fee	S43.75 Filing Fee & Certificate of Status	S43.75 Filing Certified Cop (Additional co- enclosed)	oy.	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Am Div P.O	endment Section ision of Corporations Box 6327 lahassee, FL 32314		Division The Ce 2415 N	address ment Section n of Corporations ntre of Tallahassee . Monroe Street, Suite \$10 ssee, FL 32303	

Articles of Amendment to Articles of Incorporation of

FILED

2021 NOV 29 PM 1: 26

LANDEX REALTY, INC.

(Name of Corporation as currently filed with the Florida Dept. of Stater 1 Florida
G17285
(Document Number of Corporation (if known)
cursuant to the provisions of section 607.1006. Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) to s Articles of Incorporation:
. If amending name, enter the new name of the corporation:
The new ame 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."
3. Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS)
Enter new mailing address, if applicable: (Mailing address MAYBE, A POST OFFICE BOX)
 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 Landex Resorts International, Inc
1100 Homestead RD, Normal Stead RD, Normal Registered Office Address: Lehish Acres Florida 33934 (City) (City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: Thereby accept the appointment as registered agent.—I am familiar with and accept the obligations of the position.
Signature of New Registered Agent, if changing

Check if applicable

☐ The amendment(s) is are being filed pursuant to s. 607.0120 (11) (e), F.S.

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.

X Change	<u>PT</u> <u>John</u>	<u>Doe</u>	
X Remove	<u>V</u> <u>Mike</u>	Jones	
\underline{X} Add	<u>SV</u> <u>Sally</u>	Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change	P/S	RUTH AIANGLICKIS	1100 Homestead Rd R Lehigh Acres FL 33936
Add	,		Lehigh Acres FL
Remove 2) Change	Chn ()		Same
Add	CHILL	Stance	
Remove 3) Change	UP/T	Anthony Luuis Rocco	SOME
Add			
Remove	(°Eo/i)	Harry C. Jowell JR.	
Add	- 1,)		
<u></u> ⊀ Remove			
51 Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach <i>additio</i>	or adding additional Art mal sheets, if necessary).	(Be specific)	MULT.		
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			-		
					
lf an amendn	ent provides for an exc	hange, reclassification	on, or cancellation	of issued shares.	
provisions fo	or implementing the amouplicable, indicate N/A)	endment if not contr	nined in the amend	ment itself:	
(if not ap	plicable, indicate N/A)				
		 			

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
tno more than 90 days after amendment file dat	e)
Note: If the date inserted in this block does not meet the applicable statutory filing requiremendocument's effective date on the Department of State's records.	nts, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was were adopted by the incorporators, or board of directors without share action was not required.	holder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the a by the shareholders was/were sufficient for approval.	mendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The follow must be separately provided for each voting group entitled to vote separately on the amendment for the control of the contro	
"The number of votes cast for the amendment(s) was were sufficient for approval	
"The number of votes cast for the amendment(s) was were sufficient for approval by Board of Directors (voting group)	
Dated 11-17-21 Signature Quell Or. Or Checkers	
Signature Little Or. A checked (By a director, president of other officer – if directors or officers have selected, by an incorporator – if in the hands of a receiver, trustee, or appointed fiduciary by that fiduciary)	
RUTH 17, ANGLICKIS (Typed or printed name of person signing)	
(Typed or printed name of person signing)	
President	
(Title of person signing)	- -