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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	POLITAN NETWORKERS INC	C.	•	
N1200000050s	5			
The enclosed Articles of Amendment and f	ee are submitted for filing.			
Please return all correspondence concerning	_			
PETER LECHLER				
	(Name of Contact Per	rson)		
	(F) (G)			
	(Firm/ Company))		
7635 BRISTOL CIR				
	(Address)			
NAPLES FL 34120				`
	(City/ State and Zip C	Code)		
peterlechler@gmail.com				V
E-mail address:	(to be used for future annual repo	ort notification	1)	
For further information concerning this mat	iter, please call:			
PETER LECHLER / Sergio	De (o SOV e atat	239	248-5988	1580-7408
(Name of Cont	tact Person)	(Area Code)	(Daytime Te	lephone Number)
Enclosed is a check for the following amou	nt made payable to the Florida D	epartment of	State:	
■ \$35 Filing Fee □\$43.75 Fil Certificate	ing Fee & \$\sum \$\\$43.75\$ Filing Fee & Certified Copy (Additional copy is enclosed)	Certif Certif	0 Filing Fee ficate of Status fied Copy tional Copy is osed)	
Mailing Address	Str	eet Address		

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

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

BNI NEAPOLITAN NETWORKERS INC.

(Name of Corporation as cu	rrently filed with the Florid	a Dept. of State)
N12000000505		
(Document N	Number of Corporation (if kno	wn)
Pursuant to the provisions of section 617.1006, Florida Samendment(s) to its Articles of Incorporation:	tatutes, this <i>Florida Not For I</i>	Profit Corporation adopts the following
A. <u>If amending name, enter the new name of the corp</u> N/A	oration:	
		The new
name must be distinguishable and contain the word "cor "Company" or "Co." may not be used in the name.	porution" or "incorporated"	or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:	7635 BRISTOL CIR	
(Principal office address <u>MUST BE A STREET ADDR</u>	ESS) NAPLES FL 34120	17 C
		XX 0
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	7635 BRISTOL CIR	7 PM
	NAPLES FL 34120	
D. If amending the registered agent and/or registered new registered agent and/or the new registered of		nter the name of the
	PETER I ECHI ER	
7635	5 BRISTOL CIR	
	(Flori	ida street address)
<u>New Registered Office Address:</u> NAI	PLES	. Florida 34120
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Regist hereby accept the appointment as registered agent. I describe the appointment of the second seco		e obligations of the position.
<u>-</u> 9	Signature of New Register	

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 X Remove X Add	<u>V</u> <u>Mik</u>	n Doe e Jones y Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	P	PETER LECHLER	7635 BRISTOL CIR
Add			NAPLES FL 34120
X Remove			
2) Change	ST	MICHAEL RUSSO	5089 TAMIAMI TRAIL E
Add			NAPLES FL 34113
X Remove			
3) Change	P	EDWARD V SMITH	5633 STRAND BLVD.
X Add			SUITE 316
Remove			NAPLES FL 34110
4) Change	ST	SERGIO DECESARE	3461 14TH AVE NE
X Add			NAPLES FL 34120
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)	-
N/A	

• • • •	10/16/2017	
The date of each amendmendate this document was signe	nt(s) adoption:	, if other than the
•	10/16/2017	
Effective date if applicable:	(no more than 90 days after amendment file date)	
	this block does not meet the applicable statutory filing requirement the Department of State's records.	s, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/was/were sufficient for a	were adopted by the members and the number of votes cast for the approval.	amendment(s)
There are no members of adopted by the board of	or members entitled to vote on the amendment(s). The amendment(s) of directors.	s) was/were
Dated	6/2017	
Signature		
have	ne chairman or vice chairman of the board, president or other office not been selected by an incorporator – if in the hands of a received court appointed fiduciary by that fiduciary)	
s	ERGIO DECESARE	
_	(Typed or printed name of person signing)	
S	ECRETARY/TREASURER	
_	(Title of person signing)	<u> </u>