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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	ALBANIAN AMERIC	CAN ORGANIZATI	ON OF SW F	LORIDA, INC
NIT	000009864			
The enclosed Articles of Amena	ment and fee are subm	utted for filing.		
Please return all correspondence	concerning this matter	to the following:		
ALBANIAN AMERICAN ORG	GANIZATION OF SW	FLORIDA, INC		
, , , , , , , , , , , , , , , , , , ,	(Name of Contact Per	rson)	
 				
		(Firm/ Company))	
11983 TAMIAMI TRAIL N SU	ITE 101			
		(Address)		
NAPLES, FLORIDA, 34110				
	(1	City/ State and Zip C	Code)	
AAO.SWFL@GMAIL.COM				
E-ma	il address: (to be used f	for future annual repo	ort notification)
For further information concerni	ng this matter, please c	all:		
GENTIAN PURO		at_	239-398-4635	
(Na	me of Contact Person)			(Daytime Telephone Number)
Enclosed is a check for the follo	wing amount made pay	able to the Florida D	epartment of S	tate:
	\$43.75 Filing Fee & C Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certifi Certifi	Filing Fee cate of Status ed Copy ional Copy is sed)

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

FILED

Articles of Amendment to Articles of Incorporation

17 OCT 30 PM 3: 06

of

ALBANIAN AMERICAN ORGANISATION OF SW FLORIDA, INC

SECRETARY OF STATES TABLAHASSET FEORIDA

(Name of Corporation	n as currently filed	with the Florida De	pt. of State)
N17000009864			
(Document)	ment Number of Co	poration (if known)	
Pursuant to the provisions of section 617.1006, Flo amendment(s) to its Articles of Incorporation:	orida Statutes, this $m{F}$	lorida Not For Profii	Corporation adopts the following
A. If amending name, enter the new name of th	e corporation;		
ALBANIAN AMERICAN ORGANIZATION OF	SW FLORIDA, IN	С	The new
name must be distinguishable and contain the worn "Company" or "Co." may not be used in the nam		"incorporated" or th	
B. Enter new principal office address, if application (Principal office address MUST BE A STREET A			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<i>BQX</i>)		
D. If amending the registered agent and/or regi	istered office addre	ss in Florida, enter t	the name of the
new registered agent and/or the new register	red office address:		
Name of New Registered Agent:	PETER BREGA		
	11983 TAMIAMI	TRAIL N SUITE 10	1
New Registered Office Address	- 	(Florida stre	eet address)
	NAPLES		Florida 34110
	(City)	 	(Lip Code)
New Registered Agent's Signature, if changing l	Registered Agent		
I hereby accept the appointment as registered ager		th and accept the obl	igations of the position.
	Poto	· C	
-	Signature	of New Registered Ag	zent, 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 no a change, Mike Jones Mike Jones, V as Rem	leaves the cor	rporation, Sally Smith is named the V an	isted as the PST and Mike Jones is listed as the V. There is d S. These should be noted as John Doe, PT as a Change,	
Example: X Change X Remove X Add	<u>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s	
X Change	P	PETER BREGA	11983 TAMIAMI TRAIL N	
Add		·	SUITE 101	
Remove			NAPLES, FL 34110	
2) Change				
Add				
Remove				
3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
5) Change				
Add				

__ Remove

ttach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
, ,	
	<u></u>
	
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	he date of each amendment(s) adoption:	, if other than th
Effe	ffective date if applicable: 10/27/17	
	(no more than 90 days after amendment file date	:)
	ote: If the date inserted in this block does not meet the applicable statutory filing requirer ocument's effective date on the Department of State's records.	ments, this date will not be listed as the
Ada	doption of Amendment(s) (CHECK ONE)	
	The amendment(s) was/were adopted by the members and the number of votes cast for was/were sufficient for approval.	the amendment(s)
	There are no members or members entitled to vote on the amendment(s). The amendment adopted by the board of directors.	nent(s) was/were
	10/27/17 Dated	
	Signature Poter B	
	(By the chairman or vice chairman of the board, president or other o have not been selected, by an incorporator – if in the hands of a recother court appointed fiduciary by that fiduciary)	ı
	PETER BREGA	
	(Typed or printed name of person signing	g)
	PRESIDENT	
	(Title of person signing)	