N17000009864

(Requestor's Name)

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(Business Entity Name)

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COVER LETTER

O: Amendment Section
Division of Corporations

AME OF CORPORATION: ALBANIAN AMERICAN ORGANIZATION OF SW FLORIDA

OCUMENT NUMBER: N17000009864

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

ease return all correspondence concerning this matter to the following:

ATION GUBERAJ

(Name of Contact Person)

(Firm/ Company)

242 Laurel Lakes Blvd

(Address)

Naples FL. 34119

(City/ State and Zip Code)

ECRETARY@AAO-SWFL.ORG

E-mail address: (to be used for future annual report notification)

or further information concerning this matter, please call:

ILVANA SELFOLLARI at 773 633 7631

(Name of Contact Person) (Area Code) (Daytime Telephone Number)

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

☒ $35 Filing Fee ☐ $43.75 Filing Fee & Certificate of Status ☐ $43.75 Filing Fee & Certified Copy (Additional copy is enclosed) ☐ $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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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TALLAHASSEE, FL

Articles of Amendment
to
Articles of Incorporation
of

ALBANIAN AMERICAN ORGANIZATION OF SW FLORIDA

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

N17000009864

(Document Number of Corporation (if known))

ursuant to the provisions of section 617.1006, Florida Statutes, this ***Florida Not For Profit Corporation*** adopts the following mendment(s) to its Articles of Incorporation:

. **If amending name, enter the new name of the corporation:**

_____ *The new ame must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." Company" or "Co." may not be used in the name.*

. **Enter new principal office address, if applicable:** _____
Principal office address MUST BE A STREET ADDRESS)

_____

_____

. **Enter new mailing address, if applicable:** _____
(Mailing address MAY BE A POST OFFICE BOX)

_____

_____

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. **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: SILVANA SELFOLLARI

1465 Mariposa Circle 103 Naples, Fl 34105
(Florida street address)

New Registered Office Address:

_____, Florida _____
(City) *(Zip Code)*

ew Registered Agent's Signature, if changing Registered Agent:
hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Silvana Selfollari
Signature of New Registered Agent, if changing

f amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, nd address of each Officer and/or Director being added:
ttach additional sheets, if necessary)
lease note the officer/director title by the first letter of the office title:
- President; V- Vice President; T- Treasurer; S- Secretary; D- Director; TR- Trustee; C - Chairman or Clerk; CEO - Chief xecutive Officer; CFO - Chief Financial Officer. If an officer director holds more than one title, list the first letter of each office eld. President, Treasurer, Director would be PTD.

hanges 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 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, like Jones, V as Remove, and Sally Smith, SV as an Add.

xample:

X Change	PT	John Doe
X Remove	V	Mike Jones
X Add	SV	Sally Smith

ype of Action (heck One)	Title	Name	Address
) ____ Change ____ Add	P	GENTI PURO	335 MELROSE PL NAPLES FL 34104
X Remove			
) X Change X Add	P	SILVANA SELFOLLARI	1465 Mariposa Circle 103 Naples, FL 34105
X Remove			1415 TIFFANY LANE
) ____ Change ____ Add ____ Remove	S	ENIADA XHORXHI	#1308 NAPLES, FL 34105
) ____ Change X Add	S	FATJON GUBERAJ	8242 Laurel Lakes Blvd Naples FL, 34119
____ Remove			
) ____ Change ____ Add	VP	ERJOLA PLEPI	3300 Bermuda Isle Cir., Apt 320 NAPLES, FL 34109
X Remove			
) ____ Change X Add	VP	ANA GJERGJI	2250 Arbour Walk Cir Apt 1728 NAPLES FL 34109
____ Remove			

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

(ADD	T	Enri Nasto	2710 Fountain view cir unit 206 Naples Fl 34109

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he date of each amendment(s) adoption: _____, if other than the te this document was signed.

ffective date if applicable: 11-6-2024
(no more than 90 days after amendment file date)

ote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ocument's effective date on the Department of State's records.

doption of Amendment(s) **(CHECK ONE)**

☒ The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

☐ There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated 11-6-2024

Signature _____

(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

SILVANA SELFOLLARI

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

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TALLAHASSEE, FL