N2 OCCUL / L29

(F	Requestor's Name)	,
(A	Address)	
(,4	Address)	
(0	City/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(E	Business Entity Nam	ne)
(C	Ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	o Filing Officer:	

Office Use Only



300429184713

05/03/24--01027--010 **35.00

15/C3/24

COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION:	Fort Myers INC				
DOCUMENT NUMBER:	29				
The enclosed Articles of Amendment and fee	are submitted for filin	g.			- -
Please return all correspondence concerning the	his matter to the follow	ving:			
Sarah Ashley Santana					
	(Name of Cor	stact Person)			
CC Central Fort Myers INC					
	(Firm/ Co	ompany)			
1710 Maple Ave					
	(Addr	ress)		-	:
Fort Myers, FL 33901					
	(City/ State an	ıd Zip Code)	- 1	_	
ashleysantana.cc@gmail.com				÷.	-: .
E-mail address: (to	be used for future ann	ual report notific	ation)		 2 <u></u>
For further information concerning this matter	, please call:			n;	#-
Sarah Ashley Santana		954 at	854-215	3	
(Name of Contact	Person)		de) (Daytime	Telephone N	Number)
Enclosed is a check for the following amount	made payable to the Fl	orida Departmen	t of State:		
■ \$35 Filing Fee □\$43.75 Filing Certificate of		opy Copy is C	52.50 Filing Fee ertificate of Stat ertified Copy additional Copy nclosed)	tus	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327		Street Addre Amendment S Division of C The Centre	Section		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

CC Central Fort Myers INC	VI		
(Name of Corporation as currently filed with the F	lorida Dept. of State)		
N 2 000 000 1029	· · · · · · · · · · · · · · · · · · ·		
(Documen	nt Number of Corporation ((if known)	
Pursuant to the provisions of section 617.1006, Floridamendment(s) to its Articles of Incorporation:	a Statutes, this <i>Florida No</i>	t For Profit Corporation adopt	ts the followin
A. If amending name, enter the new name of the co	orporation:		
name must be distinguishable and contain the word "c "Company" or "Co." may not be used in the name.	corporation" or "incorpor	ated" or the abbreviation "Con	The nev rp." or "Inc.'
B. Enter new principal office address, if applicable	1710 Maple Ave	e, Ft Myers FL 33901	
(Principal office address MUST BE A STREET ADD			
			·~ ?
			:
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	1710 Maple Ave	e, Ft Myers FL 33901	i
		,	
			
			<u> 2</u>
D. If amending the registered agent and/or register	red office address in Flor	ida, enter the name of the	
new registered agent and/or the new registered	office address:		
<u>Name of New Registered Agent:</u> Se	arah Ashley Santana		
17	10 Maple Ave		_
		(Florida street address)	
New Registered Office Address:			
<u> </u>	Myers	, Florida) 01
	(City)	(Zip Code	ソ
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent.	istered Agent: I am familiar with and acc	ypt the obligations of the positi	ion.
	Signature of New Beg	gistered Agent, 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 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.

Example: X Change X Remove X Add	PT John D V Mike J SV Sally S	ones	
Type of Action (Check One)	<u>Title</u>	Name	Address
l) Change Add	PTO	Sarah Ashley Santana	1710 Maple Ave Ft Myers, FL 33901
Remove 2) Change X Add	SCD	Jose Alberto Santana Jr	1710 Maple Ave Ft Myers, FL 33901
Remove 3) X Change Add Remove	<u>D</u>	Kimberly Scales	1710 Maple Ave Ft Myers, FL 33901
4) X Change Add	<u>D</u>	Anita Zegers	1710 Maple Ave
Remove 5) Change Add Remove			
6) Change Add			
E. If amending or addin (attach additional shee	ng additional Arti	cles, enter change(s) here: (Be specific)	

						 _
		·				<u> </u>
						
						
		• •		_		
, , , , , , , , , , , , , , , , , , , 			<u> </u>			
						<u>, </u>
		 -				
					•	· -~
						-0 ,
		- <u>-</u> -				
				.		<u>N</u>
					f 1	~-
						
						
The date of each amendmen date this document was signed	t(s) adoption: l.					, if other than the
Effective date if applicable:	4/22/2024					
	(no m	iore than 90 da	iys after amendm	ent file date)		
Note: If the date inserted in the document's effective date on the	his block does not the Department of	meet the appli State's records	cable statutory fi s.	ling requirements,	this date will not b	e listed as the
Adoption of Amendment(s)	(<u>CH</u>	ECK ONE)				
☐ The amendment(s) was/v was/were sufficient for a	vere adopted by th pproval.	ne members and	I the number of v	votes east for the a	mendment(s)	

	There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.				
	4/22/2024 Dated				
	Signature Kiruberly Scales				
	(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)				
	Kimberly Scales				
	(Typed or printed name of person signing)				
	President/Director				
	(Title of person signing)				