# N2000000 5449

(Re	questor's Name)	
971)	questor a riginie)	
(Ad	dress)	
(//0	arcasy	
	dress)	
(Au	uicss)	
	ry/State/Zip/Phone	- #A
no)	y/State/Zip/Prione	= #}
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
	J	

Office Use Only



100344911901

05/126/20--01009--020 ++35.00

2613 HTT 29 PH 12: 01

C GOLDEN

### **COVER LETTER**

ř

TO: Amendment Section Division of Corporations most Growth for Southwest Florida Inc. NAME OF CORPORATION: DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: ecutive Support Towth to Swtl@amal. (om) be used for luture annual report notification For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: □ \$35 Filing Fee ►\$43.75 Filing Fee & □\$43.75 Filing Fee & ☐\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy enclosed) (Additional Copy is Enclosed)

## **Mailing Address**

4

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

# Articles of Amendment

to

# Articles of Incorporation

of

	JU TUCTO	outhwest Florida I
(Name of Corporation as currently filed with the Florid	da Dept. of State)	,
N2 ØDDØ	5005449	
(Document Ne	imber of Corporation (if	known)
Pursuant to the provisions of section 617.1006, Florida Sta amendment(s) to its Articles of Incorporation:	ntutes, this <i>Florida Not I</i>	For Profit Corporation adopts the following
A. If amending name, enter the new name of the corpo	oration:	
		The new
name must be distinguishable and contain the word "corp- "Company" or "Co." may not be used in the name.	oration" or "incorporat	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRE	CSS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		· · · · · · · · · · · · · · · · · · ·
D. If amending the registered agent and/or registered		a, enter the name of the
new registered agent and/or the new registered office	ce address:	
Name of New Registered Agent:		
		Florida street address)
New Registered Office Address:		
	_	, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Register I hereby accept the appointment as registered agent. I an	red Agent: n familiar with and accep	ot the obligations of the position.
	Signature of New Regi	stered 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 I           V         Mike           SV         Sally	<u>Jones</u>	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change Add	$\overline{\mathcal{D}}$	Linda Penniman	2386 Terra Verde Lane Naples, FL 34105
Remove  2) Change Add	$\bigcirc$	Susan Calhins	- [122 Monrings Park Drive
Remove 3) Remove Add Remove	7	Neville Williams	Nagas F-1 34105 6401 Lacycy Circle Unit 01963
4) Change Add	1	Elena Mola	5777 Mango Crcle Naples FL 34116
Remove 5) Change			<del></del>
Add Remove			
6) Change Add			
Remove E. If amending or addi	ng additional Ar	ticles, enter change(s) here:	
(uttach additional she			
	<del></del>		
		<del></del>	
	· <del></del> ·		

·
$\Lambda_{I}$
The date of each amendment(s) adoption: date this document was signed.  . if other than the
date this document was signed.
Effective date if applicable:  (no more than 90 days after amendment file date)
(no more than 90 days after amenament file date)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were adopted by the members and the number of votes east for the amendment(s) was/were sufficient for approval.

٠	:	
		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 <u>May 22, 2020</u>
		Signature
•		(By the chairman of 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)
		Heather Simco
		(Typed or printed name of person signing)
		President
		(Title of person signing)