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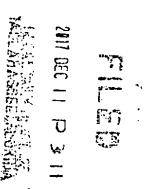
(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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TO: Amendment Section Division of Corporations

NAME OF CORPORATION: J.D. Quadplex andominium Associati	on, Inc.
	,
DOCUMENT NUMBER:	····
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Michael Danb Kowski (Name of Contact Person)	
Hi-Tech Cooling & Controls, Inc (Firm/Company)	
17341 Africo Center Rd, Ste C	
Fur Myurs, Ft 33947 (City/ State and Zip Code)	
in fo @ M - tech Cooling Com E-mail address: (to be used for Juture annual report notification)	
For further information concerning this matter, please call:	
Manssa Daubkauslu at 239-415-2453 (Name of Contact Person) (Area Code) (Daytime Teleph	
(Name of Contact Person) (Area Code) (Daytime Teleph Enclosed is a check for the following amount made payable to the Florida Department of State:	one Number)
\$35 Filing Fee \$\sum \$\sum \text{\$\sum \text{\$\sin \text{\$\sum \text{\$\sum \text{\$\sin \text{\$\	
Mailing Address Street 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
J.D. Quadplex Condominium Association, Inc. (Name of Corporation as currently filed with the Florida Dept. of State)
(Name of Corporation as currently filed with the Florida Dept. of State)
(Document Number of Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida Statutes, this <i>Florida Not For Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:
A. If amending name, enter the new name of the corporation: The new
name 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.
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 17341 Alico Center Rd Shull C
Fort Myers, Fi 33947
D. 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: TOMMY DYKES 17341 Alico Center Rd, Ste A
(Florida street address)
New Registered Office Address:
Fort Mycrs , Florida 33967 (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.
Signature of New Registered 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)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	<u>S</u>	Ronald Errington	2165 Sunnydale Blvd
Add Remove		·	Suite A Clearwater, FL 33765
2) Change	_S	Tommy Dykes	17341 Alico Center Rd Suite A
Add	7.0		Fort Myers, FL 33967
3) X Change Add	<u>PD</u>	Michael Dombkowski	17341 Alico Center Rd Suite C
Remove			For Myus, FL 33967
4) Change			
Remove			
5) Change			
Add			
6) Change			
Add			
Remove			

E. If amending or adding additional Art (attach additional sheets, if necessary).	(Re specific)	
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The date of each amendment(s) adoption:		_, if other than the	
	ective date if applicable: 12 1 7 (no more than 90 days after amendment file date)		
	e: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not bument's effective date on the Department of State's records.	e listed as the	
Ada	option 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.		
À	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 12/1/17		
	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)		
	MICHAEL DOMBILOWSIU (Typed or printed name of person signing)		
	President		

(Title of person signing)