P0200045613

(R	equestor's Name)			
(Address)				
(Address)				
(C	ity/State/Zip/Phone	#)		
PICK-UP	☐ WAIT	MAIL		
(В	usiness Entity Nam	ne)		
(Document Number)				
Certified Copies	Certificates	of Status		
Special Instructions to Filing Officer:				
·				

Office Use Only



600274325866

600274325866 06/29/15--01026--008 **35,00





COVER LETTER

30

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: MEE	ITERRANEAN HOMES INC		
DOCUMENT NUMBER: P0200004	5613		
The enclosed Articles of Amendment			
Please return all correspondence conc	rning this matter to the following:		
JOHN LABOR	DA .		
	Name of Contact Person		
MEDITERRAI	MEDITERRANEAN HOMES INC		
	Firm/ Company		
3923 CHIQUIT	A BLVD SOUTH		
	Address		
CAPE CORAL	FLORIDA 33914		
	City/ State and Zip Code		
MEDITERRANEAN	HOMES@HOTMAIL.COM		
E-mail add	ress: (to be used for future annual report notification)		
For further information concerning the	•		
JOHN LABORDA - PRESIDENT	at (239 898-9868		
Name of Contact Person	n Area Code & Daytime Telephone Number		
Enclosed is a check for the following	mount made payable to the Florida Department of State:		
	iling Fee & Status Stat		
Mailing Address Amendment Section Division of Corpora P.O. Box 6327 Tallahassee, FL 323	Clifton Building		

Articles of Amendment to Articles of Incorporation of

ently filed with the Florida Dept. of State)	
r of Corporation (if known)	
his Florida Profit Corporation adopts the following amendment(s)	
The new ation," "company," or "incorporated" or the abbreviation or "Co". A professional corporation name must contain the on "P.A."	
3923 CHIQUITA BLVD SOUTH	
CAPE CORAL, FLORIDA 33914	
3923 CHIQUITA BLVD SOUTH	
CAPE CORAL, FL 33914	
ddress in Florida, enter the name of the	
D SOUTH	
street address)	
33914, Florida	
(City) (Zip Code)	
w 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.

X Change	PT John	Doe	
X Remove	<u>V</u> <u>Mike</u>	e Jones	
X Add	SV Sally	<u> Smith</u>	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	VP	VIANCA L VILLANUEVA	3923 CHIQUITA BLVD SOUTH
Add			CAPE CORAL, FL 33914
X Remove			
2) Change	OFFICE	JONATHAN LABORDA	3923 CHIQUITA BLVD SOUTH
Add			CAPE CORAL, FL 33914
X Remove			
3) Change	OFFICE	KRISTOPHER LABORDA	3923 CHIQUITA BLVD SOUTH
Add			CAPE CORAL, FL 33914
X Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			_
Add			·
Remove			

attach additional sheets, if necessary).	(Be specific)
	······································
f an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:

01-01-2015	
The date of each amendment(s) adoption:date this document was signed.	, if other than the
•	
Effective date <u>if applicable</u> : (no more than 90 days after a	mendment file date)
Note: If the date inserted in this block does not meet the applicable statutory document's effective date on the Department of State's records.	filing requirements, this date will not be listed as t
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of volume by the shareholders was/were sufficient for approval.	ites cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting gr must be separately provided for each voting group entitled to vote separately	
"The number of votes cast for the amendment(s) was/were sufficient fo	r approval
by	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without share action was not required.	holder action and shareholder
■ The amendment(s) was/were adopted by the incorporators without sharehold action was not required.	er action and shareholder
JUNE 25, 2015	
Dated	
Signature (By a director, president or other officer - if director)	
(By a director, president or other officer - if director	rs or officers have not been
selected, by an incorporator – if in the hands of a reappointed fiduciary by that fiduciary)	eceiver, trustee, or other court
JOHN LABORDA	
(Typed or printed name of perso	n signing)
PRESIDENT	
(Title of nerson sign	ing)