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SECRETARY OF STATE

ARLLAHASSEE FLORIDA

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION	N: A.E.S OF LE	E COUNTY, INC	
DOCUMENT NUMBER:	P02	2000088093	F
The enclosed Articles of An	endment and fee a	re submitted for filing.	
Please return all corresponde	ence concerning thi	is matter to the following:	
	ABEL S	SIERRA	
<del></del>	(Name (	of Contact Person)	
	A.E.S. OF	LEE COUNTY, INC	
	(Fin	rm/ Company)	
	25751 CC	ORZINE LANE	
		(Address)	
	BONITA S	PRINGS FL 34135	
	, ,	tate and Zip Code)	
For further information cond	eming this matter,	please call:	
ABEL SIERR	Α	at (239 ) 825-521	· · · · · · · · · · · · · · · · · · ·
(Name of Contact	Person)	(Area Code & Daytime	Telephone Number)
Enclosed is a check for the f	ollowing amount:		
	75 Filing Fee & ificate 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 Corporat P.O. Box 6327 Tallahassee, FL 323		Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Cir	rcle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

Articles of Incorporation	FIL	FD
of	06 //// 2.	- <i>U</i>
A.E.S OF LEE COUNTY, INC	06 JUL 21	PH 2: NR
(Name of corporation as currently filed with the Florida Dept. of State)	SECRETARY C TALLAHASSEE	F STATE FLORIDA
P02000088093		
(Document number of corporation (if known)	<del>49_4***********************************</del>	
Pursuant to the provisions of section 607,1006, Florida Statutes, this <i>Florida Profit</i> adopts the following amendment(s) to its Articles of Incorporation:  NEW CORPORATE NAME (if changing):	Corporation	
(Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "In (A professional corporation must contain the word "chartered", "professional association," or the abbanded AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Art	breviation "P.A.")	·
and/or Article Title(s) being amended, added or deleted: (BE SPECIFIC)		
PLEASE AMEND CORPORATION TO ADD MR ENRIQUE D PED	RAZA AS	
VICE PRESIDENT OF A.E.S OF LEE COUNTY INC - HE IS THE LICENS	E HOLDER	
ADDRESS: 1910 NE 17TH PL, CAPE CORAL FL 33909		
· · · · · · · · · · · · · · · · · · ·	······································	•
	·····	
(Attach additional pages if necessary)		
If an amendment provides for exchange, reclassification, or cancellation of issued s for implementing the amendment if not contained in the amendment itself: (if not app		.)

(continued)

The date of each amendment(s) adoption: JULY 17, 2006
Effective date if applicable: JULY 17, 2006
(no more than 90 days after amendment file date)
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):
"The number of votes cast for the amendment(s) was/were sufficient for approval by
(voting group)
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
Signature  By hi director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
ABEL SIERRA
(Typed or printed name of person signing)
PRESIDENT
(Title of person signing)

FILING FEE: \$35