P02000124010

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2017 MAR 22 AM 10: 20
SECRETARY OF STATE
ALL AHASSEF, FLORIDA

Amend

MAR 24 2017 I ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF COR	RPORATION: Casa Bella Builde	ers, Inc.	
DOCUMENT N	UMBER: P02000126070		
The enclosed Art	icles of Amendment and fee are su	bmitted for filing.	
Please return all o	correspondence concerning this ma	tter to the following:	
		Grant J Dunham	
		Name of Contact Person	n
		Casa Bella Builders, In-	.
		Firm/ Company	
		1106 NW 13th Terr	
		Address	
		Cape Coral, FL 33993	
		City/ State and Zip Cod	e
	C	asabellabuilders1@gmail.c	com
	E-mail address: (to be us	sed for future annual report	notification)
For further inform	nation concerning this matter, pleas	se call:	
(Grant J Dunham	at (878-3840
N	ame of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a che	ck for the following amount made	payable to the Florida Depa	ertment of State:
\$35 Filing Fe	e \$\Bigcup \\$43.75 \text{ Filing Fee & Certificate 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 Corporations P.O. Box 6327 Tallahassee, FL 32314	Amend Divisio Cliston	Address ment Section on of Corporations Building xecutive Center Circle

Tallahassee, FL 32301

Articles of Amendment to **Articles of Incorporation** of

Casa Bella Builders, Inc.

ARCHARAS MARS (Name of Corporation as currently filed with the Florida Dept. of State)

P02000126070

(Document Number of Corporation (if known)

A. If amending name, enter the new name of the corporation;	
N/A	The ne
name must be distinguishable and contain the word "corpora "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," o word "chartered," "professional association," or the abbreviatio	r "Co". A professional corporation name must contain to
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	N/A
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
D. If amending the registered agent and/or registered office a	
new registered agent and/or the new registered office addr	
new registered agent and/or the new registered office addr Name of New Registered Agent NA	css:
new registered agent and/or the new registered office addr Name of New Registered Agent	
new registered agent and/or the new registered office addr Name of New Registered Agent	street address), Florida
new registered agent and/or the new registered office addr Name of New Registered Agent (Florida	street address)

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	<u>PT</u>	John Doe		
X Remove	<u>v</u>	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	Title	Name		Address
1) Change	S	Christophe	Chenard	1306 NW 13th Terr
X Add				Cape Coral, FL 33993
Remove				
2) Change	<u> </u>			
Add				
Remove				
3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add	-			·
Remove				

(Attach	nding or adding additional A additional sheets; if necessary,). (Be specific)	CLS) HEIC.		
N/A					
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				<u> </u>	
					
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				<u> </u>	<u></u>
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'Ifan an	nendment provides for an ex	chango reelessific	stiam an acceptati	on of icanad char	
<u>provisi</u>	ions for implementing the an	endment if not cor	tained in the ame	ndment itself:	
	not applicable, indicate N/A)				
I/A 					
			· <u>, </u>		
				·	·
			<u> </u>		
<u></u>					

	N/A	
The date of each amendment(s) a	doption:	, if other than the
date this document was signed.		
Da Effective date <u>if applicable</u> :	e signed	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date	e)
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirement cpartment of State's records.	nts, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes cast for the amufficient for approval.	nendment(s)
	proved by the shareholders through voting groups. The followir each voting group entitled to vote separately on the amendme	
"The number of votes cas	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
action was not required.	opted by the board of directors without shareholder action and	
action was not required.	opted by the incorporators without shareholder action and share	eholder
Dated	March 20, 2017	
Signature	It It wham	
	lirector, president or other officer - if directors or officers have	
	ed, by an incorporator - if in the hands of a receiver, trustee, or	other court
appoi	nted fiduciary by that fiduciary)	
	Grant J Dunham	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	· · · · · · · · · · · · · · · · · · ·