P03000002538

(Requestor's	s Name)
(Address)	,
(Address)	
(City/State/Z	ip/Phone #)
PICK-UP V	VAIT MAIL
(Business E	ntity Name)
(Document Number)	
Certified Copies Ce	
Special instructions to Filing Off	licer:
	:

Office Use Only



300187742053

11/22/10--01016--030 **35.00

none Charge & anond

2010 NOV 22 PM 3: 35
SECRETARY OF STATE
FALL AHASSEF, FI OR ID.

11 /30/10

COVER LETTER

Division of Corporations 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: 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 Certified Copy Certificate of Status (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed)

Mailing Address

TO: Amendment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation		
of FILED		
Landsonne Dimensions of Collier County Inc.		
(Name of Corporation as currently filed with the Florida Dept. of State 10 22 PM 3 35		
TALL AHASSEF EL DOID :		
(Document Number of Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:		
A. If amending name, enter the new name of the corporation:		
name must be distinguishable and contain the word "corporation" "company," or "incorporated" or the		
abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation		
name must contain the word "chartered," "professional association," or the abbreviation "P.A."		
B. Enter new principal office address, if applicable: 14300 HE 1915 54.		
(Principal office address MUST BE A STREET ADDRESS) 41 MCCOY, Fl. 32134		
\mathcal{J}		
C. Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX) P. (). (20) 535		
Ft Melou, FL 32134		
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:		
New Registered Office Address: (Florida street address)		
, Florida		
(City) (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.		
so, accept the appointment as registered agent. I am juntitut with and accept the obligations of the position.		
Signature of New Registered Agent, if changing		

The date of each amendment	(s) adoption: 10vember 16, 2010
	(date of adoption is required)
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/weby the shareholders was/weby	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.
	re approved by the shareholders through voting groups. The following statement of 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)
action was not required.	re adopted by the board of directors without shareholder action and shareholder re adopted by the incorporators without shareholder action and shareholder
Signature	Ember 16, 2010. Combus la Sifus
sele	a director, president or other officer – if directors or officers have not been ected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)
	Cynthia A Titus (Typed or printed name of person signing)
	Secretary (Title of person signing)