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AUG 11 2017 S. YOUNG



COVER LETTER

O: Amendment Section

Division of Corporations

IAME OF CORPORATION: Old Naples Builders, Inc. DOCUMENT NUMBER: _____ The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: **Rita Pruitt** Name of Contact Person Old Naples Builders, Inc. Firm/ Company 382 Broad Ave S Address Naples, FL 34102 City/ State and Zip Code rita@oldnaplesbuilders.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: ____at (239_____) 435-1909 Area Code & Daytime Telephone Number **Rita Pruitt** Name of Contact Person 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 & S52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Maples Builders, Inc.

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

20300004	1659
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(Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to ts Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

N/A			The new
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "C word "chartered," "professional association," or	orp," "Inc," or "Co". A professional co	corporated" or the ab reportion name must c	breviation ontain the
B. <u>Enter new principal office address, if applics</u> (Principal office address <u>MUST BE A STREET A</u>			
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE</u>	BOX) N/A		
(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
D. If amending the registered agent and/or reginew registered agent and/or the new registered agent agen	istered office address in Florida, enter th red office address:	e name of the	······································
<u>Name of New Registered Agent</u> N/A		· ···	1
	(Florida street address)		
New Registered Office Address:		Florida	
	(Ciņy	(Zip C	'ode)

New Registered Agent's Signature, if changing Registered Agent:

Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

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amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and Jdress of each Officer and/or Director being added:

(ttach additional sheets; if necessary)

lease note the officer/director title by the first letter of the office title:

= President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief [xecutive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office eld. 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 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, Jike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change \mathbf{PT} John Doe X Remove Y Mike Jones Sally Smith X Add SV Type of Action Address Title Name (Check One) STARNS, CAROLYN J 4821 KESWICK WAY D 1) ____ Change NAPLES, FL 34105 ____ Add Х Remove \mathbf{VP} 2480 29TH AVE NE ZACH, MOCK A 2) ____ Change NAPLES, FL 34120 ____ Add Х Remove 3) ____ Change ____ Add ____ Remove 4) ____ Change Add ___ Remove 5) ____ Change ____ Add _____ Remove 6) _____ Change _ Add _ Remove

A	ing or adding additiona Iditional sheets, if necess	ary). (Be specific)			
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<u>If an ame</u>	endment provides for a ons for implementing th	<u>n exchange, reclassi</u> as amendment if not	fication, or cancell contained in the a	<u>ation of issued shar</u> nendment itself [.]	<u>es,</u>
(if n)	ot applicable, indicate N	WA)	<u>contained in circ a</u>	<u>nendment noem</u>	
	i <u>=</u>				
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August 1, 2017	
he date of each amendment(s) adoption:	, if other than the
ate this document was signed.	
· August 1, 2017	

ffective date if applicable:

. . . .

(no more than 90 days after amendment file date)

lote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ocument's effective date on the Department of State's records.

adoption of Amendment(s) (CHECK ONE)

- The amendment(s) was/were adopted 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.

08/01/2017 Dated	
selected, b	tor, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court tiduciary by that fiduciary)
Ke	erry P. Masters
	(Typed or printed name of person signing)

President

(Title of person signing)