

P0400006419

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

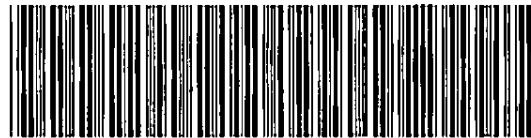
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000350932850

08/27/20--01021--027 **52.50

*Amend
need*

FILED
2020 AUG 27 PM 1:47
SECRETARY OF STATE
TALLAHASSEE, FL

BL VORISEK
OCT 10 2020

T 239.642.1485
F 239.642.1487
E info@patrickneale.com
www.patrickneale.com

Mailing:
P.O. Box 9440
Naples, Florida 34101-9440

**PATRICK
& NEALE**
ASSOCIATES
Patrick H. Neale
Attorney at Law

Naples:
5470 Bryson Court Suite 103
Naples, Florida 34109

Marco Island (by appointment):
950 North Collier Blvd. Suite 400
Marco Island, Florida 34145

August 25, 2020

State of Florida, Department of Corporations
Amendment Section
PO Box 6527
Tallahassee, FL 32314

Via Federal Express

Re: Smith Homes and Remodeling, Inc.
Document #: P040000641199

Dear Sir or Madam:

Enclosed herewith please find two copies of Articles of Amendment for the above corporation, along with our check in the amount of \$52.50 representing your processing fee.

We would appreciate your processing this amendment, returning confirmed, certified copy to the undersigned. Should you require any additional information please feel free to contact our office. Thank you for your assistance in this regard.

Very truly yours,


Patrick H. Neale

PHN:jm
Enclosures: 2 Articles of Amendment
Check \$52.50

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Smith Homes & Remodeling Services, Inc.

DOCUMENT NUMBER: P04000064199

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Patrick H. Neale

Name of Contact Person

Patrick Neale & Associates

Firm/ Company

5470 Bryson Court, Suite 103

Address

Naples, FL 34109

City/ State and Zip Code

smithhomesinc@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Patrick H Neale

at (239)

642-1485

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

☐ \$35 Filing Fee

☐ \$43.75 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

Street Address

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment
to
Articles of Incorporation
of

Smith Homes & Remodeling, Inc.

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

P04000064199

(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 its Articles of Incorporation:

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

The new 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:
(Principal office address MUST BE A STREET ADDRESS)

47 Front Street #14

Marco Island, FL 34145

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

P.O. Box 2533

Marco Island, FL 34146

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

(Florida street address)

New Registered Office Address:

(City)

Florida

(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.

Signature of New Registered Agent, if changing

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (1) (c), F.S.

FILED
2020 AUG 27 PM 1:17
SECRETARY OF STATE
TALLAHASSEE, FL

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:

☒ Change PT John Doe

☒ Remove V Mike Jones

☒ Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change	<u>VP</u>	<u>Lukasz Polanski</u>	<u>PO Box 2533</u>
<input checked="" type="checkbox"/> Add			<u>Marco Island, FL 34146</u>
<input type="checkbox"/> Remove			
2) <input type="checkbox"/> Change	<u></u>	<u></u>	<u></u>
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
3) <input type="checkbox"/> Change	<u></u>	<u></u>	<u></u>
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change	<u></u>	<u></u>	<u></u>
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change	<u></u>	<u></u>	<u></u>
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change	<u></u>	<u></u>	<u></u>
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

(Attach additional sheets, if necessary). (Be specific)

[illegible]

provisions for implementing the amendment if not contained in the amendment itself;

August 1, 2020

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

Effective date if applicable: _____
(no more than 90 days after amendment file date)

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

Adoption of Amendment(s) **(CHECK ONE)**

- ☐ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
- ☒ 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)

August 1, 2020
Dated _____

Signature



(By a 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)

Carey L. Smith

(Typed or printed name of person signing)

President

(Title of person signing)