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## COVER LETTER

TO: Amendment Section

Division of Corporations

NAME OF CORPORATION: AIR AMELI DOCUMENT NUMBER:P540008	ica Homes Beach, Inc.
The enclosed Articles of Amendment and fee are subm	nitted for filing.
Please return all correspondence concerning this matter	r to the following:
Julia Any Ar  3008  Ho	Name of Contact Person  Nevica Holmes Brach, Inc  Firm/ Company  Avenue C  Address  Address  City/ State and Zip Code  Alexander Code
E-mail address: (to be used)  For further information concerning this matter, please of the concerning this matter.	for future annual report notification)  call:  at (911 ) 719-2445
Name of Contact Person	Area Code & Daytime Telephone Number
Englosed is a check for the following amount made pay	yable to the Florida Department of State:
S35 Filing Fee S43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & S52.50 Filing Fee Certified Copy (Additional copy is enclosed)  S52.50 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

An Appropriate Holosof A	ach lo
(Name of Corporation as currently	filed with the Florida Dept. of State)
D NUNDOLTE	(
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	Ilorida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
NIA	The new
name must be distinguishable and contain the word "corporation," "co "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	ompany," or "incorporated" or the abbreviation "Corp.,"
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )	N/A
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NA
D. If amending the registered agent and/or registered office address:  Name of New Registered Agent  NICO	ess in Florida, enter the name of the
	<del></del>
(Florida stre	et address)
New Registered Office Address: NA	Florida
	City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I am familiar w	
	gistered Agent, if changing
Check if applicable	

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
l) Change	T	Richard Dwayne Devine	3008 Avenue C
Add		·	Holmes Black, FL 3421
Remove  2) Change	<u>T</u>	Nicholas Edward Martin	3008 Avenue C
_✓ Add			Holmes Beach, FL 34217
Remove 3) Change			
Add			
Remove			
4) Change		_	<u> </u>
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)	
NID	
<u>P(Y)</u>	
<del></del>	•
If an amendment provides for an exchange, reclassification, or cancellation of issued sha	
provisions for implementing the amendment if not contained in the amendment itself:	163,
(if not applicable, indicate N/A)	
WYA	

The date of each amendment(s) adoption:	if other than th
date this document was signed.	
Effective date if applicable:  (no more than 90 days after amendment file date)	
(no more than 90 days after amendment file dat	te)
Note: If the date inserted in this block does not meet the applicable statutory filing requirement document's effective date on the Department of State's records.	ents, this date will not be listed as th
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of directors without share action was not required.	cholder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the a by the shareholders was/were sufficient for approval.	mendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The follow must be separately provided for each voting group entitled to vote separately on the amendment.	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"	
(voting group)	
Dated 7 14 2020  Signature	o not have
selected, by any incorporator – if in the hands of a receiver, trustee, o appointed fiduciary by that fiduciary)	
(Typed or printed name of person signing)	
Vice President (Title of person signing)	