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W.

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF COF	RPORATION: E & T HOMES CO	ORPORATION				
DOCUMENT N	P04000171549		· · · · · · ·			
The enclosed Art	icles of Amendment and fee are su	ibmitted for filing.				
Please return all o	correspondence concerning this ma	atter to the following:				
	John P. Maas, Esq.					
		Name of Contact Person				
	Pelaez Maas Law, PLLC	Pelaez Maas Law, PLLC				
	Firm/ Company					
	44 NE 16 Street					
	Address					
	Homestead, FL 33030					
		City/ State and Zip Code	2			
	lesliburkhead@realtor.com					
	E-mail address: (to be us	sed for future annual report	notification)			
For further inforr John P. Maas, Es	nation concerning this matter, plea	305	247-7132			
	ame of Contact Person	at (at Coo	de & Daytime Telephone Number			
Enclosed is a che	ck for the following amount made					
■ \$35 Filing Fo	ee	□S43.75 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		Amend Divisio The Co 2415 N	Address iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 ussee, FL 32303			

Articles of Amendment to Articles of Incorporation of

E & T HOMES CORPORATION

(Name o	of Corporation as currently	filed with the Florida Dept. of Stat	<u>e</u>)
	P040001215	49	
<u> </u>	(Document Number of	Corporation (if known)	
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, this a	Florida Profit Corporation adopts the	following amendment(s)
A. If amending name, enter the new na	me of the corporation:		
N/A			The new
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association."	lorp," "Inc." or "Co". A	ompany," or "incorporated" or the al- professional corporation name mu.	hbreviation "Corp.,"
B. Enter new principal office address,	if annlicable:	N/A	
(Principal office address MUST BE A S			
			-
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		N/A	
D. If amending the registered agent an	d/or registered office addr	ess in Florida, enter the name of the	<u>.</u>
new registered agent and/or the new	v registered office address		
Name of New Registered Agent	N/A	,,	
	(Florida str	et address)	
New Registered Office Address;	N/A	. Florida	
<u>New Registered Office Address</u> :		, r torida C <i>ity)</i>	(Zip Code)
New Registered Agent's Signature, if c		ish I	
I hereby accept the appointment as regist	erea agent i am jamutar w	ин апа ассері іне обиданопѕ ој іне р	osmon,
	Signature of New Re	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)

Example:

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.

X Change	PT	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
1) X Change	PD	Lesli A. Burkhead	19205 SW 256 Street
Add			Homestead, FL 33031
Remove			
2) Change	DVP	Tara A. Graham	19205 SW 256 Street
Add			Homestead, FL 33031
X Remove			
Add			
Remove			**
4) Change			
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)	
sli Burkhead as sole shareholder has transferred her shares to Lesli A. Burkhead as Trustee of the Lesli A. Burkhea	id
evocable Living Trust dated July 22, 2015, as Amended.	
If an amendment provides for an exchange, reclassification, or cancellation of issued shares,	
provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	

The date of each amendment(s) a date this document was signed.	doption:	, if other than the
Č		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements epartment of State's records.	, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were ad action was not required.	opted by the incorporators, or board of directors without sharehol	der action and shareholder
The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes cast for the ame ufficient for approval.	ndment(s)
	proved by the shareholders through voting groups. The following each voting group entitled to vote separately on the amendment	
"The number of votes cas	for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
(By a C	26-24 Sele Berskhaad firector, president or other officer – if directors or officers have noted, by an incorporator – if in the hands of a receiver, trustee, or other	
	ned fiduciary by that fiduciary)	ner court
	Lesli Burkhead	
	(Typed or printed name of person signing)	, ,
	President	
	(Title of person signing)	.