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COVER LETTER

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		COVERLETTER		
		COVER LETTER		
TO: Amendment Secti Division of Corpo	orations			
NAME OF CORPOR	RATION: AMERICAN D	Repm Buildirs o	f Southwest Florida, INC.	
DOCUMENT NUMB	(//)(/)(/)/////////////////////////////	77327		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corres	pondence concerning this ma	tter to the following:		
	DAVID All	900 Name of Contact Person		
	AMERICAN D	REAM BUILDIES	of Southwest Florida, Inc	
		Firm/ Company		
	1813 (Address		
		Address		
	Fort Mya	City/ State and Zip Code	<u></u>	
	,	City/ State and Zip Code	2	
E-mail address: (to be used for future annual report notification)				
	E-mail address: (to be us	sed for future annual report	notification)	
For further information	n concerning this matter, pleas	se call:		
DAVIA	Allaged	at (239	284-7583	
Name o	of Contact Person		de & Daytime Telephone Number	
Enclosed is a check for the following amount made payable to the Florida Department of State:				
KT exercises	Details not a		Despiso rillian Esp	
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & Certified Copy	□\$52.50 Filing Fee Certificate of Status	
		(Additional copy is	Certified Copy	
		enclosed)	(Additional Copy	

Mailing Address

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

is enclosed)

Articles of Amendment

Articles of Incorporation of

AMERICAN DRIAM Builder	rently filed with the Florida Dept. of State)
	rently filed with the Florida Dept. of State)
P05000077327	
(Document Num	ber of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes its Articles of Incorporation: A. If amending name, enter the new name of the corporation	
	The nev
name must be distinguishable and contain the word "corpo "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," word "chartered," "professional association," or the abbrevia B. Enter new principal office address, if applicable:	ration," "company," or "incorporated" or the abbreviatio or "Co". A professional corporation name must contain the tion "P.A."
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	FORT MYERS, FL 3390
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1813 Collier Avenue Fort Myors, FL 3390
D. If amending the registered agent and/or registered office	
new registered agent and/or the new registered office ad	
Name of New Registered Agent DAVIO	Allgood
	CONTER AVENAL
New Registered Office Address: For	+ Myars, Florida 33901
	(Chy) (Zip Code)
New Registered Agent's Signature, if changing Registered A lacency accept the appointment as registered agent. I am fam	

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name 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 = Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each 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. T. 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 C. Mike Jones, V as Remove, and Sally Smith, SV as an Add.

	nove, and Sally Smith	i, Sv as an Aga.	
Example: X Change	<u>PT</u> <u>John I</u>	<u>Doe</u>	
X Remove	V Mike	<u>Jones</u>	
X Add	SV Sally	<u>Smith</u>	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	P, VP, S, T, D	David D. Allgood	1813 Collier Avenue
X Add	, , , ,		FORT MYILS FL 3396
Remove			
2) Change		Patwinder Sidhu	4627 Arnold Au, Sais
Add			Naples, FL 34104
Remove		1/ 1 00 1	
3) Change Add		KADER MINHAS	4627 Arnold Av., 5 Naples, FL 34104
Remove			
4) Change	CEO	Tejinder Singh Minhas	4627 Arnold Av, 5.
Add		Tejinder Singh Minhas	Naples FL 34104
Remove			<u> </u>
5) Change		Amit Minhas	4627 Arnold Au, S. Noples, FL 34104
Add			Noples, FL 34104
X Remove			
6) Change			
Add			
Remove			

(Attach additional sheets, if n	ecessary). (Be spec.	rific)			
This A.	ierdment is	s made to	Chanas	100%	
Dunies	rendment is inp From P 1 Singli Min Allgood. In	Patulader	Sidhu K	ahera Much	AS.
T. d.	C. I M	10000	And M	has to)
le) IN A CO	C JAAR PILA	<u>1003 , AND , </u>	- 1	10 -1	
DAVID	Allgood. In	cluding 11	3 155HED	10,000	
Compa	vy Stock 5	ThARES.			
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If an amendment provides					
provisions for implementi (if not applicable, indic		not contained in th	e amenoment itsel	<u>1:</u>	
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			<u> </u>		
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The date of each amendment(s) adoption:	6/24/2019	, if other tl			
date this document was signed.	. 1 1				
Effective date if applicable: 6/24/2019					
(no n	more than 90 days after amendment file o	date)			
Note: If the date inserted in this block does not mee document's effective date on the Department of State's		ments, this date will not be listed			
Adoption of Amendment(s) (CHECK	ONE)				
☐ The amendment(s) was/were adopted by the shareh by the shareholders was/were sufficient for approve		amendment(s)			
☐ The amendment(s) was/were approved by the share must be separately provided for each voting group					
"The number of votes cast for the amendment	t(s) was/were sufficient for approval				
by					
(voting gre	oup)				
☐ The amendment(s) was/were adopted by the board action was not required.	of directors without shareholder action a	nd shareholder			
The amendment(s) was/were adopted by the incorp action was not required.	orators without shareholder action and s	hareholder			
Dated 6/24/2019	,				
Dated 6/24/2019 Signature 557111	heis				
	or other officer – if directors or officers h	nave not been			
selected, by an incorporat	tor - if in the hands of a receiver, trustee,				
appointed fiduciary by the					
	ojinder 5. ngh Minh. Tor printed name of person signing)	A5			
(Typed	For printed name of person signing)				
	CFO				
	(Title of person signing)				