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COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: CALVINI JOHRS JUC DOCUMENT NUMBER: 20 500 129 362 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Name of Contact Person Firm/ Company Brookside Street City/ State and Zip Code E-mail address: (to bejused for future annual report notification) For further information concerning this matter, please call: Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: □\$43.75 Filing Fee & ☐ \$35 Filing Fee □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status Certified Copy (Additional copy is enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

Articles of Amendment Articles of Incorporation

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

ent(s) to

Pursuant to the provisions of section 607.1006. Floits Articles of Incorporation:	orida Statutes, this <i>Florida Profit Corporation</i> ;	adopts the following amendme
A. If amending name, enter the new name of th	ne corporation:	
W1		The new
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation ic word "chartered," "professional association," or	word "corporation," "company," or "incorp Corp," "Inc," or "Co". A professional corpo- the abbreviation "P.A."	orated" or the abbreviation ration name must contain the
B. Enter new principal office address, if applic	able:	
(Principal office address MUST BE A STREET) C. Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFIGE D. If amending the registered agent and/or reg		Amo of the
new registered agent and/or the new register		ine or the
Name of New Registered Agent		
	(Florida street address)	
S 0 1 20 11		ettd
New Registered Office Address:	(City)	, Florida (Zip Code)
New Registered Agent's Signature, if changing I hereby accept the appointment as registered age	Registered Agent: iii. I am familiar with and accept the obligation iii	ons of the position.
	Signature of New Registered Agent, if changing	;

Executive Officer; CFO- held. President, Treasure Changes should be noted	rector title by the President; T= T = Chief Finance, Director would in the following twes the corporary, and Sally Smit	reasurer; S= Secreto ial Officer. If an offi ld be RTD, manner. Currently, tion, Sally Smith is no h, SV as an Add.	ry; D= Director; TR= 5 cer/director holds more John Doe is listed as the	Trustee; C = Chairman or Clerk; CEO = Chief than one title, list the first letter of each office PST and Mike Jones is listed as the V. There is should be noted as John Doe, PT as a Change,
X Add		Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>		Address
1) Change	5_	Charles Y	elv: Naton	130 Brookside Street
X_ Add				130 Brookside Street Lehigh Acres FL
Remove				33936
2) Change	·	- 1		·
Add				
Remove				
3) Change		<u>\[\]</u>		
Add				
Remove				
4) Change		<u> </u>		
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

Page 2 of 4

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:

•	
If amending or adding additional Art	iclestenter change(s) here:
(Attach additional sheets, if necessary).	(Be specific)

	<u> </u>
	¼ }
If an amendment provides for an excl	hanges reclassification, or cancellation of issued shares,
provisions for implementing the amo	endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	\(\)
	
	<u> </u>
	1 1

te this document was signed.
fective date if applicable:
(no more than 90 days after amendment file date)
ote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the cument's effective date on the Department of State's records.
loption 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.
Dated November 14,2017
Signature (alin)
(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)
Cal IIN Jones
(Typed or printed name of person signing)
- Gresident
(Title of person signing)