## P0600000 6033

(Re	equestor's Name)			
(Ad	dress)			
(Ad	dress)	<del></del>		
(Cit	ry/State/Zip/Phon	e #)		
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## **COVER LETTER**

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPO	ORATION: Alese Homes Inc.			_
	1BER: P06000006033			_
	es of Amendment and fee are su	bmitted for filing.		
Please return all corr	respondence concerning this ma	tter to the following:		
	Toni Alese			
	· · · · · · · · · · · · · · · · · · ·	Name of Contact Person	n	<del></del>
	Alese Homes, Inc.			
	<del></del>	Firm/ Company		
	4374 Candler Avenue			
		Address	****	<del></del>
	Spring Hill, FL 34609			
		City/ State and Zip Cod	c	
	talese13@gmail.com			
		sed for future annual report	notification)	_
For further informati	ion concerning this matter, pleas	se call:		
Toni Alese		at ( <sup>352</sup>	587-1592	292 SE
Name	Name of Contact Person Area Code & Daytime Telephone Number		umber	
Enclosed is a check	for the following amount made	payable to the Florida Dep		
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	DELTANY OF STATE
Ar Di	ailing Address nendment Section vision of Corporations O. Box 6327	Ameno Divisio	Address dment Section on of Corporations centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

Alese Homes, Inc.				
(Name o	of Corporation as currently	filed with the Florida D	ept. of State)	
P06000006033				
	(Document Number of	Corporation (if known)		
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, this I	Florida Profit Corporation	a adopts the following ame	ndment(s) to
A. If amending name, enter the new n	ame of the corporation:			
N/A			The	new
name must be distinguishable and contain "Inc.," or Co.," or the designation "Contrartered," "professional association,"	Corp," "Inc," or "Co". A		ed" or the abbreviation "Co	orp., "
B. Enter new principal office address, if applicable:		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		
			15 PF	£ ,***
			F. E.	<del>합성</del> ===
D. If amending the registered agent ar	nd/or registered office addr	ess in Florida, enter the	name of the	. * (
new registered agent and/or the ne	w registered office address:			
Name of New Registered Agent	N/A		75.5 Jn	
			;. Φ	
	(Florida str	eet address)		
New Registered Office Address:	N/A		. Florida	
		(City)	(Zip Code)	
New Registered Agent's Signature, if c I hereby accept the appointment as regist			ions of the position	
Thereby accept the appointment as regis.	егса адень гат јатинат ч	ліп апа ассері те отіgai	кть ој те ромион.	
	Signature of New R.	oistered Avent if changin		

Check if applicable

<sup>☐</sup> The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), 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.

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)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	<u>v</u>	James Alese	4866 Ballantrae Blvd
Add			Land O' Lakes, FL 34638
X Remove			SB 282
2) Change			TALLE TO THE
Add			
Remove 3 ) Change			200 F
Add			59
Remove			
4) Change			
Add			
Remove			
5) Change		_	
Add			
Remove			
6) Change			
Add			·
Remove			

E. If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)		
N/A			
		<del></del>	
	·		
		• • • •	
		<del></del>	<del></del>
		2021 SE	
	· · · · · · · · · · · · · · · · · · ·	2024 JUH 11 SECRETARY TALLAHA	<del></del>
			<u>.</u> <u>.</u>
			***
F. If an amendment provides for an exch	ange, reclassification, or cancellation of issued shares.		•••
provisions for implementing the ame	ndment if not contained in the amendment itself:	기의 武	ا : ا عامص
(if not applicable, indicate N/A)		SSE L	·
N/A		m cn	

The date of each amendment(s) adopti date this document was signed.	on:	, if other than the
<del>-</del>		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment f	île date)
Note: If the date inserted in this block document's effective date on the Department.	does not meet the applicable statutory filing request of State's records.	nirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were adopted action was not required.	by the incorporators, or board of directors without	t shareholder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders was/were sufficient	by the shareholders. The number of votes east for approval.	r the amendment(s)
	d by the shareholders through voting groups. The voting group entitled to vote separately on the an	
"The number of votes cast for the	te amendment(s) was/were sufficient for approval	
by	(voting group)	••
June 6, 2024 Dated		
Signature	mi alese	
selected, by	r, president or other officer – if directors or office an incorporator – if in the hands of a receiver, trus duciary by that fiduciary)	
Toni	Alese	
	(Typed or printed name of person signing)	
Press	dent	
	(Title of person signing)	POZY JUN 11 MH II: SECRETARY OF SIM