PO 900000 4684

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FILED 2020 AUG 31 PH4: 03 2020 AUG 31 PH4: 03 SECRED: Y OF STATE FALL ANASSEE, FLORIDA

OCT 1 2 2020

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COVER LETTER

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TO: Amendment Section Division of Corporations

NAME OF CORPORATION: GATEKEEPER OF S.W.FL, INC

DOCUMENT NUMBER:

The enclosed Articles of Amendment and fee are submitted for filing.

1

Please return all correspondence concerning this matter to the following:

Please return all corres	pondence concerning this ma	tter to the following:			
:	IOHN R KEMPLEY				
-		Name of Contact Person	1		
(GATEKEEPER OF S.W.FL,	INC			
-	Firm/ Company				
l l	6061 GOLDEN OAKS LAN	E			
-		Address			
i	NAPLES FL 34119				
-	City/ State and Zip Code				
	kempley@yahoo.com				
-		sed for future annual report	notification)		
For further information	concerning this matter, plea	se call:			
JOHN KEMPLEY		at (²³⁹			
Name o	Name of Contact Person Area Code & Daytime Telephone N		de & Daytime Telephone Number		
Enclosed is a check for	Enclosed is a check for the following amount made payable to the Florida Department of State:				
S35 Filing Fee	S43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Maji	ing Address		Address		
	Amendment SectionAmendment SectionDivision of CorporationsDivision of Corporations				
	Box 6327	The Centre of Tallahassee			
	hassee, FL 32314		N. Monroe Street, Suite 810		
		Tallaha	assee, FL 32303		

Articles of Amendment to Articles of Incorporation of

GATEKEEPER OF S.W.FL, INC

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	(Name of Corporation as currently	filed with the Florida Dept. of Sta	<u>te</u>)
P09000004684	:		
	1 (Document Number of	Corporation (if known)	╴ <u>╶┉┈╴╖╼╌╓╼╴╸┦╝╝┶</u> ┍╄ _┇ ╒╄┻┺┺┺╴┊
Pursuant to the provisions of its Articles of Incorporation:	section 607.1006, Florida Statutes, this I	Florida Profit Corporation adopts the	: following amendment(s)
A. If amending name, enter	the new name of the corporation:		
NA	1		The new
"Inc.," or Co.," or the des	and contain the word "corporation," "consistion "Corp," "Inc," or "Co". A sociation, " or the abbreviation "P.A."	ompany," or "incorporated" or the al professional corporation name mu	bbreviation "Corp.," st contain the word
B. Enter new principal offic			
Principal office address <u>MU</u>	ST BE A STREET ADDRESS)		
D. <u>If amending the register</u> new registered agent and	<u>E A POST OFFICE BOX</u>) d agent and/or registered office address: <u>d or the new registered office address:</u>	ess in Florida, enter the name of the	FILED 2020 AUG 31 PH 4: 03 SECTEVALY OF STATE TALLY MASSEE FLORIDA
Name of New Registe	tred Agent N/A		
	· · · · · · · · · · · · · · · · · · ·		
	(Florida stree	(t address)	
New Registered Offic		, Florida	
	(A)	City)	(Zip Code)
lew Registered Agent's Sign hereby accept the appointme	n <mark>ature, if changing Registered Agent:</mark> int as registered agent. I am familiar wi	th and accept the obligations of the p	osition.
_	Signature of New Reg	istered Agent, if changing	
heck if applicable			
	ting filed pursuant to s. 607.0120 (11) (e), F.S.	
	,		
	1		

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 Doc X Remove Σ. Mike Jones sv X Add Sally Smith Type of Action Title <u>Name</u> Address (Check One) ANDREA NOYES 6061 GOLDEN OAKS LANE ν 1) ____ Change Х NAPLES FL 34119 Add _ Remove 2) ____ Change Add Remove 3) ____ Change Add _ Remove 4) ____ Change Add Remove 5) ____ Change ___ Add Remove 6) ____ Change ____ Add Remove

(Attach additional sheets,	if necessary). (Be specific)
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F. <u>If an amendment provid</u>	es for an exchange, reclassification, or cancellation of issued shares,
provisions for implement	iting the amendment if not contained in the amendment itself:
(if not applicable, ind	dicate N/A)
N/A	
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E. If amending or adding additional Articles, enter change(s) here:

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AUGUST 31, 2020
The date of each amendment(s) adoption:, if other than the date this document was signed.
Effective date <u>if applicable:</u>
(no more than 90 days after amendment file date)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
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)
Dated DATE AUGN & DODO Signature
(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)
JOHN R KEMPLEY
(Typed or printed name of person signing)
PRESIDENT
(Title of person signing)

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