P09000086546

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COVER LETTER

Division of Corporations
NAME OF CORPORATION: <u>CIKBOR PROPERTY MAINTENANCE OF</u> SUL
DOCUMENT NUMBER: <u>P090000 8165416</u>
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Angelo Anthony Marino
Name of Contact Person
Firm/ Company
28301 S. Tamiami Tuial Address
Bonita Springs FL 34134
City/ State and Zip Code
SURUSCIA'S CUT WWH & EVM (UST. NET) E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Angelo Anthony Marino at 239 947-4899 Name of Contact Person Area Code & Daytime Telephone Number
Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
S35 Filing Fee Certificate of Status (Additional copy is enclosed) Certificate of Status Certified Copy (Additional Copy is enclosed)

Mailing Address

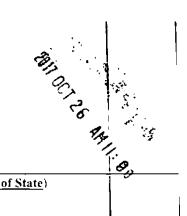
TO: Amendment Section

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

Articles of Amendment to Articles of Incorporation



ARBOR PROPERTY Maintenance of SWEL INC

· · · · · · · · · · · · · · · · · · ·	- -/>
(Name of Corporation as currently filed with the Florida Dept. of State)	
P09000086546	
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amounts of Incorporation:	ndment(s) to
A. If amending name, enter the new name of the corporation:	
The	new
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbrev "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must conta word "chartered," "professional association," or the abbreviation "P.A."	
B. Enter new principal office address, if applicable:	<u> </u>
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	1
	<u></u>
	<u> </u>
C. Enter new mailing address, if applicable:	
(Muiling address MAY BE A POST OFFICE BOX)	
	<u> </u>
	1
	i
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:	
A set	
Name of New Registered Agent C/19610 C/114110114 MUSTUO	
2830/ 3. 1 am lam 1 /K. 160	
P. 111 Carried Street dudress)	4/
New Registered Office Address: BON1 Ha Spr1 11 94 Florida 3413 (Civ) Florida 3413 (Zin Code)	7
(ciù) (ciù)	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.	
A Tours	
X minory a shance	1
/ Signature of New Registered Agent, if changing	

a change, Mike Jones lea Mike Jones, V as Remove,	in the fol ves the co	lowing manner. Currently John Doe is listed as the Forporation, Sally Smith is named the V and S. These s			
Example: 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)	<u>Title</u>	Name	<u>Addres</u> s		
1) Change	P/D	Jonathan Christopher	28301 S. Tumiunii Triais		
Add			Bonita Springs El 34139		
Remove 2) Change	P/D	Angelo Anthony marind	2830/ 5. Taninui Trid		
Add			28301 S. Tamunui Trid Benitu Springs FL 3413,		
Remove					
3) Change					
Add					
Remove					
4) Change					
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

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 officer.

address of each Officer and/or Director being added:

Please note the officer/director title by the first letter of the office title:

(Attach additional sheets, if necessary)

Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
•	
	.
	
-	
f an amendment provides for an excl	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame (if not applicable, indicate N/A)	endment if not contained in the amendment itself:
(ij noi applicame, macate (474)	
	.

The date of each amendment(s) adoption: WHUDEL 18, 2017 , if o	ther than the
date this document was signed.	, i
Effective date if applicable: Octobre 18, 2017- (no more than 90 days after amendment file date)	
(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 document's effective date on the Department of State's records.	listed as the
Adoption of Amendment(s) (CHECK ONE)	13 13 13 13 13
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	1
(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 October 18,2017	
Signature August 18, 2017 Signature August O Musuul (By a frector, 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)	
Angelo Anthony Mavino (Typed or printed name of person signing)	
(Typed or printed name of person signing) PLISIALIN F (Title of person signing)	
TRESIGLIN F	
(Title of person signing)	l l