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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORE	PORATION:	SWFL F	<u>ACIL</u>	ITIES	MANA	AGEN	ENT INC	
DOCUMENT NU	UMBER:P10000003719							
The enclosed Artic	cles of Amendment and	l fee are su	bmitte	d for fi	ling.			
Please return all co	orrespondence concerni	ing this ma	tter to	the foll	owing:			
				AVIS				
		Name o	of Conta	act Perso	n			
		CREDIT			LLC			
		Fin	m/ Con	npany				
327 HOLLOW CREEK LN								
			Addre	SS				
				L 3233				
		City/St	ate and	Zip Cod	le .			
	E-mail address: (to	be used for	future a	nnual rej	ort notific	cation)		
For further inform	ation concerning this n	natter, pleas	se call	:				
	JAMES DAVIS		_at (850	_)	3:	22-7117	
Name	of Contact Person		·	Area Co	de & Day	time Tel	ephone Number	
Enclosed is a chec	k for the following am	ount made	payab	le to the	e Florida	Depar	tment of State:	
☑ \$35 Filing Fee	□ \$43.75 Filing Fee & Certificate of Statu		Cer	rtified Co	g Fee & py copy is end		\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclose	
Mailing Address				t Addr				
Amendmen			Amendment Section					
	f Corporations		Division of Corporations					
P.O. Box 6			Clifton Building					
Tallahassee El 32314			2661 Executive Center Circle					

Tallahassee, FL 32301

Articles of Amendment to

• • • •	to	
Artic	cles of Incorporation	
	of	Dept. of State) 2010 MAR 18 PH 3: 0
SWFC Facilities Manager	1 hx	MAR IR
(Name of Corporation as currently		Nn) SECRETARY OF 3: 05 ALLAHASSEE, FLORIES Nn)
		AAASS OF ST
	0003719	- SEE, FLORIE
(Document Number of	of Corporation (if know	wn)
Pursuant to the provisions of section 607.1006, Floamendment(s) to its Articles of Incorporation:	orida Statutes, this Fl	orida Profit Corporation adopts the following
A. If amending name, enter the new name of the	corporation:	
		The new
abbreviation "Corp.," "Inc.," or Co.," or the designame must contain the word "chartered," "profession B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ALL) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B) D. If amending the registered agent and/or registered agent and/or the new registered agent	onal association," or included ble: DDRESS) BOX	the abbreviation "P.A."
Name of New Registered Agent:		
Traine of their negatiered Agent.		······································
New Registered Office Address:	(Florida street a	ddress)
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing R I hereby accept the appointment as registered agent.		

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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
<u>P</u>	VELASQUEZ, LUIS M	8524 Laurel Lakes Blvd Naples. FL 34119	☐ Add ☐ ☑ Remove
<u>P</u>	VELASQUEZ, ERNESTO E	11725 Collier Blvd. Ste 3 Naples, FL 34119	☑ Add ☐ Remove
			
	ding or adding additional Articles, ente dditional sheets, if necessary). (Be spec		
provisi	mendment provides for an exchange, reions for implementing the amendment in applicable, indicate N/A)		

The date of each amendment(s) adoption: 03/18/2010
Effective date if applicable: 03/18/2010 (date of adoption is required)
(no more than 90 days after amendment file date)
Adoption 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"
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.
Signature Euclident
(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)
ERNESTO E. VELASQUEZ
(Typed or printed name of person signing)
PRESIDENT
(Title of person signing)