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(Re	equestor's Name)		
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(Bu	usiness Entity Name)		
(Document Number)			
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SECRETARY OF SCALE
ALL AHASSEE, FLORIDA

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JUN 1 1 2018 FALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Sweet Dreams of Marco Island, Inc
DOCUMENT NUMBER: P11 0000 2 65 03
Please return all correspondence concerning this matter to the following:
Robert B. Lindsey Name of Contact Person
Sweet Dreams of Marco Island, Inc
174 Royal Palm Dr. Address
Marco Island, FL 34145 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Robert B. Lindsey at 239, 331-6865 Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address: 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 Tallahassec, FL 32301

Articles of Amendment

to

Articles of Incorporation

Sweet Dreams of Marco Island, Inc.
(Name of Corporation as currently filed with the Florida Dept. of State)
P11000026503
(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 amendment(s) its Articles of Incorporation:
A. If amending name, enter the new name of the corporation:
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."
A SE
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)
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:
Name of New Registered Agent 100 2001 COSEON DY
New Registered Office Address: MOVCO ISLAND, Florida 34145
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.
Signature of New Registered Agent, if changing

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	PT John I)oc	
X Remove	V Mike.	<u>Jones</u>	
_X Add	SV Sally S	<u>Smith</u>	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	PI	Amaury Garcia	174 Royal Palm Dr. Marco Island FL
Add		U	Marco Island +L
Remove			
2) Change	VPS	Lavignia Reflecto	174 Royal Palm Dr. Marco Island FC
Add	•	\mathcal{J}	Marco Island FC
X Remove	Ð	Robert B. Lindsey	34145
3) Change Add		Notes (B. Linusey	174. Royal Palm Dr Marco Island FC
Add Remove			34145
4) Change	VP	Rubina D. Owen Turner	174 Royal Palm Dr
_X Add			Marco Island FC
Remove			34145
5)Change	2	Mariela Casas	174 Royal Palm DV. Marco Island FL
Add			,
Remove			34145
6) Change	 		
Add			
Remove			

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			on, or cancellation of		
	implementing the an licable, indicate N/A)		ined in the amendme	<u>nt itself:</u>	
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P	hom A	mary o	deen:	70	
f K	tom A	maury B. Lin	drey.	70	
f K	on A	maury B. Lin	drey.	70	
- F	om A	maury. B. Lin	drey.	70	
- P	tom A	maury B. Lin	drey.	70	

date this document was signed.
Effective date if applicable: (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 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 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 east 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 5 21 2018
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)
Amaury Garcia
(Typed or print name of person signing)

President
(Title of person signing)