## P12000071143

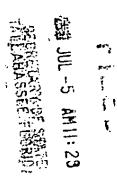
| (Requestor's Name)                      |
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| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
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| (Business Entity Name)                  |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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## **COVER LETTER**

|  |   | COVER LETTER  |  |      |
|--|---|---|--|------|
| TO: Amendment Sec<br>Division of Corp      |   |   |  |      |
| NAME OF CORPO                              | RATION: 2nd Home Latch,                     | Company   |  | 7    |
| DOCUMENT NUM                               | D12000071142                                |   |  |      |
| The enclosed Articles                      | of Amendment and fee are su                 | ibmitted for filing.  |  | Est. |
| Please return all corre                    | spondence concerning this ma                | tter to the following:  |  | t    |
|  |   | 5   |  |      |
|  | Ruth Reinhardt                              | Name of Contact Person  |  |      |
|  |   | Name of Contact i cisoi   | '  |      |
|  |   | Firm/ Company   |  |      |
|  | 13350 Coronado Drive, App                   | 103   |  |      |
|  |   | Address   |  |      |
|  | Naples, FL 34109                            |   |  |      |
|  |   | City/ State and Zip Cod   | c  |      |
| offic                                      | e@italianbeandelight.com                    |   |  |      |
|  | E-mail address: (to be u                    | sed for future annual report  | notification)  |      |
| For further information                    | on concerning this matter, pleas            | se call:  |  |      |
| Ruth Reinhardt                             |   | at ( 202  | 2582158  |      |
| Name of Contact Person                     |   | Area Co   | de & Daytime Telephone Number  |      |
| Enclosed is a check for                    | or the following amount made                | payable to the Florida Depa   | artment of State:  |      |
| ■ \$35 Filling Fee                         | □\$43.75 Filing Fee & Certificate of Status | □\$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | ☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) |      |
|  | iling Address                               |   | Address  |      |
| Amendment Section Division of Corporations |   | Amendment Section Division of Corporations                                  |  |      |
| P.O. Box 6327                              |   | Clifton Building 2661 Executive Center Circle                               |  |      |
| Tallahassee, FL 32314                      |   | 2001 5  | ACCULIVE CEIRET CITCIE   |      |

Tallahassee, FL 32301

## Articles of Amendment Articles of Incorporation

|                         | of   |            |
|-------------------------|--|------------|
| 2nd Home Latch, Company |  | 33.5       |
|                         | (Name of Corporation as currently filed with the Florida Dept, of State) | 200        |
| P12000071143            |  | (A) 10 (A) |
|                         | (Document Number of Corporation (if known)                               |            |
| B                       | A CONTINUE DI LI CALLA IL EL LA DI CALLA IL LA CALLA                     |            |

ent(s) to

|   | (Document Number of          | of Corporation (if known)   |
|---|------------------------------|---|
| Pursuant to the provisions of section 607 its Articles of Incorporation:                | 1006, Florida Statutes, this | Florida Profit Corporation adopts the following amendment   |
| A. If amending name, enter the new na   | ame of the corporation:      |   |
| R PLUS E, Company   |                              | The new   |
|   | nation "Corp," "Inc," or     | on," "company," or "incorporated" or the abbreviation<br>"Co". A professional corporation name must contain the |
| B. Enter new principal office address,<br>(Principal office address MUST BE A S         |                              | 5660 Strand Court, Naples, Unit 74, FL 34110  |
|   |                              |   |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) |                              | 5660 Strand Court, Naples, Unit 74, FL 34110  |
| D. If amending the registered agent an  | d/or registered office add   | ress in Florida, enter the name of the  |
| new registered agent and/or the new   | w registered office addres   | <u>s:</u>   |
| Name of New Registered Agent  | Andreas Reinhardt            |   |
|   | 4150 Dingman Drive           |   |
|   | (Florida st                  | reet address)   |
| New Registered Office Address:  | Sanibel                      | , Florida 33957   |
|   |                              | (City) (Zip Code)   |
| New Registered Agent's Signature, if c<br>I hereby accept the appointment as regist     |                              | t:<br>with and accept the obligations of the position.  |
|   | Mu                           | <u></u>   |

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             | <u>PT</u> | John Doe          |                            |
|-------------------------------|-----------|-------------------|----------------------------|
| X Remove                      | Y         | Mike Jones        |                            |
| X Add                         | <u>sv</u> | Sally Smith       |                            |
| Type of Action<br>(Check One) | Title     | Name              | <u>Addres</u> s            |
| 1) X Change                   | P         | Ruth Reinhardt    | 13350 Coronado Dr, App 103 |
| Add                           |           |                   | Naples, FL 34109           |
| Remove                        |           |                   |                            |
| 2) X Change                   | Т         | Andreas Reinhardt | 4150 Dingman Drive         |
| Add                           |           |                   | Sanibel, FL 33957          |
| Remove                        |           |                   | <del></del>                |
| 3) Change                     |           |                   |                            |
| Add                           |           |                   |                            |
| Remove                        |           |                   |                            |
| 4) Change                     |           |                   |                            |
| Add                           |           |                   |                            |
| Remove                        |           |                   |                            |
|                               |           |                   |                            |
| 5) Change                     |           |                   |                            |
| Add                           |           |                   |                            |
| Remove                        |           |                   |                            |
| 6) Change                     |           |                   |                            |
| Add                           |           |                   |                            |
| Remove                        |           |                   |                            |

|  | (Be specific)  |   |
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| an amendment provides for an exch  | hange, reclassification, or cancellation of issued shares,   |   |
| provisions for implementing the ame  | hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself: |   |
| an amendment provides for an exchorovisions for implementing the ame (if not applicable, indicate N/A) | hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself: |   |
| provisions for implementing the ame  | hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself: |   |
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| provisions for implementing the ame  | hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself: |   |
| provisions for implementing the ame  | hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself: |   |

| The date of each amendment(s) add  | ption:  | , if other than the       |
|--|---|---------------------------|
| date this document was signed.   |   |                           |
| July I   | st 2019   |                           |
| Effective date if applicable:  | (no more than 90 days after amendment file date)  |                           |
|  | (no more than 90 days after amenament file date)  |                           |
| Note: If the date inserted in this blo<br>document's effective date on the Dep | ock does not meet the applicable statutory filing requirements, this date vartment of State's records.  | vill not be listed as the |
| Adoption of Amendment(s)   | (CHECK ONE)   |                           |
| ☐ The amendment(s) was/were adop<br>by the shareholders was/were suff          | ted by the shareholders. The number of votes cast for the amendment(s) icient for approval.   |                           |
|  | oved by the shareholders through voting groups. The following statement ach voting group entitled to vote separately on the amendment(s):   |                           |
| "The number of votes cast fo   | or the amendment(s) was/were sufficient for approval  |                           |
| by   | **  |                           |
| 9,   | (voting group)  |                           |
| action was not required.   | ted by the board of directors without shareholder action and shareholder ted by the incorporators without shareholder action and shareholder  |                           |
| June 12th 20 Dated   | July M  |                           |
| selected,  | ector, president or other officer – if directors or officers have not been<br>by an incorporator – if in the hands of a receiver, trustee, or other court<br>d fiduciary by that fiduciary) |                           |
| A  | Andreas Reinhardt   |                           |
| _  | (Typed or printed name of person signing)   |                           |
| 1  | reasurer  |                           |
| _  | (Title of person signing)   | <del></del>               |