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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	ATION: SOUTHWEST RE	MODELING INC	
DOCUMENT NUMB	ER:		
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.	
Please return all corresp	pondence concerning this ma	tter to the following:	
	DAJNA NUREDINI		
-	<del>_</del>	Name of Contact Person	1
	SOUTHWEST REMODELI	NG INC	
-		Firm/ Company	
	15485 CORTONA WAY		
-		Address	
	NAPLES FL 34120		
-		City/ State and Zip Code	e
SOUT	THWESTFLOORING1@GM	AIL.COM	
	E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, please	se call:	
DAJNA NUREDINI		at ( <sup>239</sup>	877-7561
Name o	f Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	urtment of State:
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divis P.O.	ing Address ndment Section sion of Corporations Box 6327 hassee, FL 32314	Amend Divisio Clifton	Address Iment Section on of Corporations Building executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

17 HAR 27 M110: 25

SOUTHWEST REMODELING INC.

——————————————————————————————————————	
(Name of Corporati	ion as currently filed with the Florida Dept. of State)
P14000016324	
(Docum	nent Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Floridate Articles of Incorporation:	a Statutes, this Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the co	orporation:
SOUTHWEST CONSTRUCTION, INC.	The new
	rd "corporation," "company," or "incorporated" or the abbreviation o," "Inc," or "Co". A professional corporation name must contain the
3. Enter new principal office address, if applicable Principal office address <u>MUST BE A STREET ADL</u>	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u></u>
. If amending the registered agent and/or register new registered agent and/or the new registered	red office address in Florida, enter the name of the office address:
Name of New Registered Agent	<del></del>
	(Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
lew Registered Agent's Signature, if changing Reg hereby accept the appointment as registered agent.	tistered Agent: I am familiar with and accept the obligations of the position.
Ç:	ature of New Penistaned 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 <math>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	<u>v</u>	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add		•	
Remove			
3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change		_	
Add			
Remove		•	
6) Change			
Add			
Remove			

ruacii uut	ing or adding addit ditional sheets, if ne	ecessary). (Be sp	recific)	-		
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f an amer	ndment provides fo	or an exchange, r	eclassification, or	cancellation of issu	ed shares.	
provision (if no	ns tor implementin ot applicable, indica	<u>ig the amendment</u> ate N/A)	it not contained	in the amendment i	tseii:	
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The date of each amendment(s) as date this document was signed.	loption:, if other than
Effective date <u>if applicable</u> :	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this bedocument's effective date on the De	lock does not meet the applicable statutory filing requirements, this date will not be listed as partment of State's records.
Adoption of Amendment(s)	(CHECK ONE)
☐ The amendment(s) was/were add by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.
	roved by the shareholders through voting groups. The following statement 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)
The amendment(s) was/were add action was not required.	pted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were add action was not required.	pted by the incorporators without shareholder action and shareholder
Dated	3/22/17
Signature	irector, president or other officer – if directors or officers have not been
selecte	d, by an incorporator – if in the hands of a receiver, trustee, or other court led fiduciary by that fiduciary)
	EDRIT FRASHERI
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)