P140005054

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
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(Bu	siness Entity Nan	ne)
(Do	cument Number)	
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORP	ORATION: BIRCHWOOD RE	EALTY PROPERTY MAN	AGEMENT INC			
	MBER: P14000050754					
The enclosed Articl	es of Amendment and fee are su	bmitted for filing.				
Please return all cor	теspondence concerning this ma	tter to the following:				
	FRANCINE MCCARTIN					
		Name of Contact Persor	1			
	BIRCHWOOD REALTY PROPERTY MANAGEMENT, INC.					
	Firm/ Company					
	4040 DEL PRADO BLVD S	• -				
		Address				
	CAPE CORAL, FL 33904					
		City/ State and Zip Code	e			
	DEB@C21BIRCHWOOD.C	ОМ				
	E-mail address: (to be us	sed for future annual report	notification)			
For further informa	tion concerning this matter, pleas	se call: at (, 542-00 6 5			
Nam	ne of Contact Person	Area Co	de & Daytime Telephone Number			
Enclosed is a check	for the following amount made	payable to the Florida Depa	artment of State:			
■ \$35 Filing Fee	S43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certificate of Status			
A D P	mendment Section vivision of Corporations O. Box 6327	Amend Divisio The C	Address Iment Section on of Corporations entre of Tallahassee			
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810				

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

BIRCHWOOD REALTY PROPERTY MANAGEMENT, INC.

(Name of Corporati	on as currently filed with the Flor	rida Dept. of State)	
P14(XXX)5()754			
(Docum	nent Number of Corporation (if kno	own)	
Pursuant to the provisions of section 607.1006, Floridates Articles of Incorporation:	a Statutes, this <i>Florida Profit Corpo</i>	oration adopts the following ar	nendment(s) t
A. If amending name, enter the new name of the co	orporation:		
BIRCHWOOD REALTY PROPERTY MANAGEME	ENT INC	TV	ie new
name must be distinguishable and contain the word "co "Inc.," or Co.," or the designation "Corp," "Inc, "chartered," "professional association," or the abbre	" or "Co". A professional corpo	porated" or the abbreviation "	'Corp., "
B. Enter new principal office address, if applicable			
(Principal office address <u>MUST BE A STREET ADI</u>	<u>DRESS</u>)		
	•		
			
C. Enter new mailing address, if applicable:	Mr.		
(Mailing address <u>MAY BE A POST OFFICE BO</u>	<u></u>		
			<u> </u>
		7- 2	
D. If amending the registered agent and/or register	red office address in Florida, ente	r the name of the	Š =
new registered agent and/or the new registered			ím • O
Name of New Registered Agent			
			<u>ን</u>
	(Florida street address)	<u> </u>	
New Registered Office Address:		. Florida	
to the state of th	(City)	(Zip Code	()
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent.		bligations of the position,	
	•	· ·	
Cion	atura of Nav Parietarad trans if a	hanaina	
Sign	ature of New Registered Agent, if cl	ranging	

Check if applicable

■ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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.

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			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific) OUR INSURANCE COMPANY WON'T LET US HAVE PERIODS OR COMAS IN OUR COMPANY NAME SO WE NEED TO REMOVING THESE OUT OF OUR COMPANY NAME F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

08/22/2024	
The date of each amendment(s) adoption: date this document was signed.	, if other than the
Effective date if applicable:	
(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 document's effective date on the Department of State's records.	not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and action was not required.	shareholder
■ 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 100 PERCENT	
(voting group)	
8/22/2024 Dated	
Signature In an eure mecant	_
(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)	
Trancine McCarta (Typed or printed name of person signing)	
(Title of person signing)	