## P150006304

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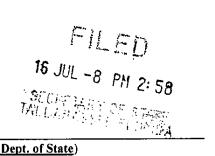
## **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPOR	ATION: Calusa Renovation	ns Company	,	
DOCUMENT NUMB	ER: P15000062204			
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.		
Please return all corres	pondence concerning this ma	tter to the following:		
	Tommy Glover			
-		Name of Contact Person	i	
	Calusa Renovations Compan	у		
-		Firm/ Company		
	13541 Fern Trail Dr			
• •	<del></del>	Address		
	North Fort Myers, FL 33903	i e		
<del>-</del>		City/ State and Zip Code	9	
ТВеаг	dmore I@earthlink.net			
	E-mail address: (to be us	sed for future annual report	notification)	
For further information	concerning this matter, pleas	se call:		
Teresa Lea Beardmore	, EA	at (239	997-1040	
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	artment 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)	
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		

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of



Calusa Renovations Company

(Name of Corporation	as currently filed with the Florida Dept. of State)
P15000062204	
(Docume)	nt Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Sits Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corp	poration:
	The new
	"corporation," "company," or "incorporated" or the abbreviation "Inc," or "Co". A professional corporation name must contain the bbreviation "P.A."
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDR</u>	RESS)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
, , , , , , , , , , , , , , , , , , , ,	
D. If amending the registered agent and/or registered	d office address in Florida, enter the name of the
new registered agent and/or the new registered of	
Name of New Registered Agent	<u> </u>
	(Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Regis	tourd Agant.
	am familiar with and accept the obligations of the position.
Signat	ture of New Registered Agent if changing

If amonding the Office	re and/or	Directo	ors enter the title and name of each	officer/director being removed and title, name, and
address of each Office	r and/or I	Director		Tomethanector being removed and thie, name, and
Please note the officer/c	lirector tit	le by the		
held. President, Treasur	rer, Direct	or would	d be PTD.	
Mike Jones, V as Remov				,
Example: X Change	<u>PT</u>	John [	<u>Doe</u>	
X Remove	V	Mike .	<u>Jones</u>	
X Add	<u>sv</u>	Sally S	<u>Smith</u>	
Type of Action	<u>Title</u>		Name	Address
	MP		Kimberly E Crews	8500 Redwood Dr
-				St. James City, FL 33956
X				
Remove				
2) Change		<del></del>		
Add				<del></del>
Remove				
3 ) Change		_		
Add				
Remove				
4) Change				
		_	-	
Kemove				
5) Change		_		
Add				
Remove				
6) Change				
Add				
	address of each Office (Attach additional sheet Please note the officer/O P = President; V = Vice Executive Officer; CFO held. President, Treasur Changes should be note a change, Mike Jones le Mike Jones, V as Remove Example: X Change X Remove  X Add Type of Action (Check One)  1) Change Add X Remove  2) Change Add Remove  3) Change Add Remove  4) Change Add Remove  5) Change Add Remove  6) Change Add Remove	address of each Officer and/or I (Attach additional sheets, if neces Please note the officer/director tit P = President; V = Vice Presiden Executive Officer; CFO = Chief held. President, Treasurer, Direct Changes should be noted in the fo a change, Mike Jones leaves the common of the following	address of each Officer and/or Director (Attach additional sheets, if necessary) Please note the officer/director title by the P = President; V = Vice President; T = Ti Executive Officer; CFO = Chief Financia held. President, Treasurer, Director wound Changes should be noted in the following a change, Mike Jones leaves the corporat Mike Jones, V as Remove, and Sally Smith Example: X Change PT John I X Remove Y Mike  X Add SY Sally!  Type of Action (Check One)  1) Change Add X Remove  2) Change Add Remove  4) Change Add Remove  4) Change Add Remove  5) Change Add Remove  6) Change Add Remove  6) Change	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 Executive Officer; CFO = Chief Financial Officer. If an officer/director hole held. President, Treasurer, Director would be PTD. Changes should be noted in the following manner. Currently John Doe is liste a change, Mike Jones leaves the corporation, Sally Smith is named the V and Mike Jones, V as Remove, and Sally Smith. SV as an Add.  Example: X Change PT John Doe X Remove Y Mike Jones X Add SY Sally Smith  Type of Action (Check One)  Title Name (Check One)  Change Add Remove  Add Remove  Add Remove  Change Add Remove

\_\_ Remove

If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)
	·
If an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, and and an analysis

•	July 1, 2016	
The date of each amendment(s) a date this document was signed.	doption:	, if other than the
July	y 1, 2016	
Effective date if applicable:	(no more than 90 days after amendment file date)	<del></del>
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, this date will epartment of State's records.	I not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
■ The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval.	
	proved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s):	
	t for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were ad action was not required.	opted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were ad action was not required.	opted by the incorporators without shareholder action and shareholder	
July 1,	2016	
Signature	Jugla R. Glover	
	directof, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court	
	nted fiduciary by that fiduciary)	
	Angela R Glover	
	(Typed or printed name of person signing)	<del></del>
	VP	
	(Title of person signing)	