P/6000032832

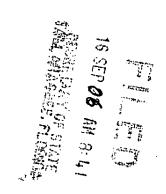
(Requestor's Name)	-
(Address)	_
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(City/State/Zip/Phone #)	_
PICK-UP WAIT MAIL	
(Business Entity Name)	_
(Document Number)	_
Certified Copies Certificates of Status	-
Special Instructions to Filing Officer:	7
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Amend

SEP 1 0 2016

D CONNELL



FLORIDA DEPARTMENT OF STATE Division of Corporations

April 22, 2016

THOMAS KOBE KOBE CONSULTING CORP 24890 EBRO CT BONITA SPRINGS, FL 34135

SUBJECT: FLORIDA SOLUTIONS OF SWFL CORP

Ref. Number: P16000032832

We have received your document for FLORIDA SOLUTIONS OF SWFL CORP and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

If the corporation is a **PROFIT** corporation it must be signed 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.

If the corporation is a **NOT FOR PROFIT** corporation it must be signed by the chairman or vice chairman of the board, president or other officer - if directors have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton Regulatory Specialist II

Letter Number: 616A00008403

COVER LETTER

TO: Amendment Section Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

NAME OF CORPORA	ATION: FLORIT	DA SOLUTI	ONS OF SWEL CORE
DOCUMENT NUMBI	er: <u>P\60000</u>	32832	1.11
The enclosed Articles o	f Amendment and fee are su	bmitted for filing.	
Please return all corresp	ondence concerning this ma	tter to the following:	
	THONG	as KOBE	
_		Name of Contact Perso	n
	KOBE CON	SULTING (CORP
		Firm/ Company	
	24890 EX	TO OK	
		Address	04
	BONITA S	PRINGSITL	34135
		City/ State and Zip Cod	
	VORECTRE	GMAIL - C	4M
		sed for future annual report	
For further information	concerning this matter, pleas	se call:	
THOMAS '	KOBE	at (239	de & Daytime Telephone Number
Name of	Contact Person	Area Co	ode & Daytime Telephone Number
Enclosed is a check for	the following amount made [payable to the Florida Dep	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)
	ng Address	· · · · · · · · · · · · · · · · · · ·	Address
	idment Section ion of Corporations		dment Section on of Corporations
D1713	or obligations	17171314	on or our poracions

Clifton Building
2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to ` Articles of Incorporation of

FICTZIDA SOLUTIONS OF 8		CORP			
(Name of Corporation as	currently filed	with the Flor	ida Dept. of State)		
P16 0000 32832		······································			
(Document N	Number of Corpo	oration (if knov	vn)		
Pursuant to the provisions of section 607.1006, Florida Statuits Articles of Incorporation:	utes, this <i>Floride</i>	a Profit Corpo	ration adopts the fol	llowing an	mendment(s) to
A. If amending name, enter the new name of the corpora	<u>ation:</u>				r
					e new
name must be distinguishable and contain the word "co "Corp.," "Inc.," or Co.," or the designation "Corp." "In word "chartered," "professional association." or the abbre	nc," or "Co".				
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS	<u> </u>				
(Francipul vyjice dudress <u>most be A Street ADDres.</u>	<u></u>			4:	
			3	निम्	• >
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			₹ •	\$ 9	era nen Erituar
(making dualess <u>mAT BE A TOST OF FICE BOA</u>)		**	<u> </u>		
			9. T	2214 2214 2214	
			<u> </u>	<u>£</u> 35	Tartagy 1 Fr
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office		Florida, enter	the name of the	(7)	
Name of New Registered Agent	<u> </u>	···········	· · · · · · · · · · · · · · · · · · ·		
	lorida street addi	ress)			
New Registered Office Address:			, Florida		
	(City)			(Zip Code	?)
New Registered Agent's Signature, if changing Registere I hereby accept the appointment as registered agent. I am f		d accept the ob	oligations of the posi	ition.	
, and the second					

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 De	<u>oe</u>		
X Remove	<u>V</u>	Mike Jo	ones		
X Add	<u>sv</u>	Sally S	mith		
Type of Action (Check One)	Title		Name	_	Address
1) Change Add	M	_	DERYA	ESSINGET	LEHIGH ACRES
Remove					FL 33970
2) Change		_			
Add					
Remove					·
3) Change		_			
Add					- Address
Remove					
4) Change		_			
Add					
Remove					
5) Change			h.		
Add					
Remove					
6) Change		<u>.</u>			
Add					
Remove					

Attach additional sheets, if necess	al Articles, enter sary). (Be spec	ific)			•
			· <u>···</u>		
	·				
	·		-	·	<u> </u>
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	<u> </u>				
· ·		•			
f an amendment provides for a	n exchange, reck	assification, or c	ancellation of iss	wed shares.	
provisions for implementing the	e amendment if	not contained in	the amendment	itself:	
(if not applicable, indicate N	∥ /A)				
			- <u></u>		

```	doption;	, if other than th
date this document was signed.		
Effective date <u>if applicable</u> :		
<u> </u>	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bedocument's effective date on the De	block does not meet the applicable statutory filing requirements, this date with appartment of State's records.	Il not be listed as th
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes east for the amendment(s) afficient for approval.	
	proved 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.	opted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder	
Dated OS	15) 2016	
Signature	- fuffu	
	lirector, president or other officer – if directors or officers have not been	
	d, by an incorporator – if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)	
	RUDOLF RETTERER	
	(Typed or printed name of person signing)	
	PREJIDENT	
	(Title of person signing)	