P16000051179

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: XCLUSIVE HOME BUILDER, INC							
DOCUMENT NUMBER: P16000051179							
	The enclosed Articles of Amendment and fee are submitted for filing.						
Please return all correspondence concerning this matter to the following:							
NANCY (NANCY GOMEZ						
		Name of Contact Person	1				
XCLUSIV	XCLUSIVE HOME BUILDER, INC						
·		Firm/ Company					
4763 26TH	4763 26TH ST SW						
	Address						
LEHIGH A	LEHIGH ACRES, FL 33973						
		City/ State and Zip Code					
NANCYGOMEZ	z21@ICLOUD.CO)M					
E-mai	l address: (to be us	ed for future annual report	notification)				
For further information concerning	g this matter, please	e call:					
NANCY GOMEZ		at (850-5923				
Name of Contact I	Person	Area Coo	de & Daytime Telephone Number				
Enclosed is a check for the following amount made payable to the Florida Department of State:							
	.75 Filing Fee & ificate 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

FILLU SEINETARY OF STATE SAVISION OF CORPORATIONS

2016 JUL 1 1 PM 1:52

XCLUSIVE HOME BUILDER, INC

(Name of Corporation as curren	tly filed with the Florida Dept. of State)	
P16000051179		
(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, thi its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s) to	
A. If amending name, enter the new name of the corporation:		
name must be distinguishable and contain the word "corporate "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the	
B. Enter new principal office address, if applicable:	4763 26TH ST SW	
(Principal office address MUST BE A STREET ADDRESS)	LEHIGH ACRES, FL 33973	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
D. If amending the registered agent and/or registered office ad- new registered agent and/or the new registered office addre		
Name of New Registered Agent		
(Florida s	street address)	
New Registered Office Address:	, Florida	
New Registered Agent's Signature, if changing Registered Ager	(City) (Zip Code)	
I hereby accept the appointment as registered agent. I am familian		
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	<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	V.P.	NANCY GOMEZ	4763 26TH ST SW
X Add			LEHIGH ACRES, FL 33973
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change		_	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
·	
f 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
(g not approach) mateur (m)	·
	·

The date of each amendment(s):	adoption:	if-other than the
date this document was signed.		JEST TARY OF STATE OF VISION OF CORPORATION
Effective date if applicable:		2016 JUL 1 PM 1:52
	(no more than 90 days after amendment file date)	7010 20L 11 PH 1:25
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, the Department of State's records.	nis date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were ac by the shareholders was/were s	dopted by the shareholders. The number of votes cast for the amendment for approval.	nent(s)
	oproved by the shareholders through voting groups. The following start each voting group entitled to vote separately on the amendment(s).	
"The number of votes cas	at for the amendment(s) was/were sufficient for approval	
by	(voting group)	
·	(voting group)	
☐ The amendment(s) was/were ac action was not required.	dopted by the board of directors without shareholder action and share	holder
☐ The amendment(s) was/were ac action was not required.	lopted by the incorporators without shareholder action and sharehold	er
	· · · · · · · · · · · · · · · · · · ·	
Signature Ri	oberto Arrec Valda	
select	director, president or other officer – if directors or officers have not led, by an incorporator – if in the hands of a receiver, trustee, or other need fiduciary by that fiduciary)	been
	RIGOBERTO ARREZ VALDEZ	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	