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Amend Name Ch &

> JUN 2 6 2020 I ALBRITTON

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: 66 CANT	te factory	SWFL INC
DOCUMENT NUMBER:		
The enclosed Articles of Amendment and fee are su	bmitted for filing.	
Please return all correspondence concerning this ma	tter to the following:	•
Edi C Si	Name of Contact Person	
14358 Reflec	Firm/ Company	γ
Foot myers,	Address Lakes D Address Lakes D City/ State and Zip Code	
Edi CSilverio E-mail address: (to be us	o Chotwai sed for future annual report	1.Com
For further information concerning this matter, plea	se call: at (239	, 888 -1625
Name 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 & 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	Amend Divisio The C	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation

***	of
Granite	Factory SWFL INC
	as currently filed with the Florida Dept. of State)
(Docume)	nt Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida S its Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment(s) t
A. If amending name, enter the new name of the cor	poration:
First Impression	Builders Corp. The new
name must be distinguishable and contain the word "cory	poration," "company," or "incorporated" or the abbreviation "Corp.,"
"Inc.," or Co.," or the designation "Corp," "Inc," "chartered," "professional association," or the abbrevi	or "Co". A professional corporation name must contain the word
charterea, projessional association, of the abbrevi	
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDR</u>	26831 S. Tamiami Trail, Unit 4
(Trincipal Office address <u>IN OST DE ASTRELL ADDR</u>	Bonita Springs FL 34134
	' 0'
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	26831 S. Tamani Trail Unit 44
	Bonita Springs FL 34134
	Danves Spinas, FL 34134
D. If amending the registered agent and/or registered new registered agent and/or the new registered of	
Name of New Registered Agent	
	·
	(Florida street address)
New Registered Office Address:	. Florida
trew Registered Office Address.	(City) (Zip Code)
New Registered Agent's Signature, if changing Regist I hereby accept the appointment as registered agent. I describe the appointment as registered agent.	tered Agent: cam familiar with and accept the obligations of the position.
	ure of New Registered Agent, if changing
Signan	ire of them Registered Agent, if changing

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)

Example:

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	PT John I	<u>Doe</u>	
X Remove	V Mike	<u>Iones</u>	
_X Add	SV Sally	Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1)Change		Eddie Silverio	14358 Reflection Lakes Dr. Fort Myers, FL 33907
Remove 2) Change Add	P	Edi C Silveño	14358 ReFlection Lokes Dr. Fort Myers, FL 33907
Remove 3) Change Add			
Remove 4) Change Add			
Remove 5) Change Add			
Remove 6) Change			
Add Remove			

			 .	
				
If an amendment provides for an exchange, reclass	sification, or car	cellation of issue	ed shares.	
provisions for implementing the amendment if no (if not applicable, indicate N/A)	t contained in t	ie amendment it	self:	
A I A				
7/17				
		·		
				

The date of each amendment(s) adoption:	, if other than
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file da	1e)
Note: If the date inserted in this block does not meet the applicable statutory filing requirem document's effective date on the Department of State's records.	ents, this date will not be listed as
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of directors without shar action was not required.	eholder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the aby the shareholders was/were sufficient for approval.	mendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The follow must be separately provided for each voting group entitled to vote separately on the amendment.	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"	
(voting group)	
Dated 6720	
(By a director, president of other officer - if directors or officers have	/e not been
selected, by an incorporation if in the hands of a receiver, trustee, of appointed fiduciary by that fiduciary)	r other court
appointed inductary by that inductary)	
Edi C Silverio	
(Typed or printed name of person signing)	
President	
(Title of person signing)	

the

the