## P17000053105

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2022 HAR IL PH 4: 21
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TALLAHASSEF STATE

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATIO	N:	MANAGEMENT OF SW	/ FL. INC		
DOCUMENT NUMBER:					
The enclosed Articles of Amo		bmitted for filing.			
Please return all corresponde	nce concerning this ma	tter to the following:			
ROLA	NDO BONILLA				
		Name of Contact Perso	n		
		Firm/ Company			
115 K	SMET PKWY E				
	Address				
CAPE	CORAL, FL 33909				
		City/ State and Zip Cod	e		
yaritza	mora@icloud.com				
E	-mail address: (to be us	sed for future annual report	notification)		
For further information conce	erning this matter, pleas	se call:			
EVELYN RODRIGUEZ		at (	903-2992		
Name of Cont	act Person		de & Daytime Telephone Number		
Enclosed is a check for the fo	llowing amount made	payable to the Florida Dep	artment of State:		
	\$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 Ac Amendmen Division of P.O. Boy 6	t Section Corporations	Amend Divisio	Address Iment Section on of Corporations entre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

FILED

2022 MAR 14 PM 4: 24

FULL PROPERTY MANAGEMENT OF SWIFL, INC.

(Name of Corporation as current) P17000083108	ly filed with the Florida Dat GRSTATE TALLAHASSEE, FL
<del></del>	f Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation: FULL PROPERTY CONSTRUCTION OF SW FL, INC.	The new
name must be distinguishable and contain the word "corporation," "a "Inc.," or Co.," or the designation "Corp," "Inc," or "Co", "chartered," "professional association," or the abbreviation "P.A."	company," or "incorporated" or the abbreviation "Corp.," A professional corporation name must contain the word
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )	
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u> )	
D. If amending the registered agent and/or registered office addinew registered agent and/or the new registered office address	
Name of New Registered Agent	
(Florida str	eet address)
New Registered Office Address:	City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent.—I am familiar v	<u>:</u> vith and accept the obligations of the position.
Signature of New Ro	egistered 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.

<u>X</u> Change	PT	<u>John Do</u>	<u>e</u>	
$\underline{X}$ Remove	$\underline{V}$	Mike Jos	nes	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change	VP		YARITZA MORA	115 KISMET PKWY E
X Add		_	·	CAPE CORAL, FL 33909
Remove				
2) Change				
Add				
Remove 3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add		_		
Remove				

	sheets, if necessary	). (Be specific)	<u>ge(s) here</u> :		
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an amendment	<u>provides for an expension the ac</u>	<u>xchange, reclassific</u> mendment if not co	cation, or cancella	tion of issued shar	es,
(if not applic	rable, indicate N/A)	mendment is not ev	mitanieu in the al	nendmeny usen.	
			<del></del>	<del></del>	
	<del>-</del>				
12.					

	01/05/2022	
The date of each amendment(	s) adoption:	, if other than the
date this document was signed.		
(   Effective date <u>if applicable</u> :	01/05/2022	
Effective date <u>if applicame</u> : _	(no more than 90 days after amendment file date)	
	,	
Note: If the date inserted in the document's effective date on the	is block does not meet the applicable statutory filing requirements, this Department of State's records.	date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors without shareholder a	action and shareholder
☐ The amendment(s) was/were by the shareholders was/wer	adopted by the shareholders. The number of votes cast for the amendme sufficient for approval.	ent(s)
must be separately provided	approved by the shareholders through voting groups. The following state for each voting group entitled to vote separately on the amendment(s): ast for the amendment(s) was/were sufficient for approval	ement
	ast for the amendment(s) was were sufficient for approval	
by	(voting group)	
03/05/2 Dated_	022	
Signature	× 622	
sele	a director, president or other officer – if directors or officers have not becomed, by an incorporator – if in the hands of a receiver, trustee, or other cointed fiduciary by that fiduciary)	
	ROLANDO BONILAA	
	(Typed or printed name of person signing)	<del></del>
	PRESIDENT	
	(Title of person signing)	·