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COVER LETTER

Division of Corporations NAME OF CORPORATION: SOLTHWEST Standa Cological Services Occ.

DOCUMENT NUMBER: P18000017780 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: bruther P. Zysko
Name of Contact Person SOUTHWEST FLORIDA FLOCOFICAL SERVICES INC Firm/Company 2526 Rw LARGO Cf.
Address OUNTA GORDA FZ 33950
City/ State and Zip Code OROTHER OSWELECOSERVICES, CON E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Do Rottford P 245/10 at 941 639-4011
Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: ■\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee ☐ \$35 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy

enclosed)

Mailing Address

TO: Amendment Section

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

(Additional Copy is enclosed)

Articles of Amendment to Articles of Incorporation

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SOUTHWEST FOR	n as currently filed with the Florida Dept. of State)
(Name of Corporation	as currently filed with the Florida Dept. of State)
P180	68 0 17780
	ent 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 cor	poration:
	Thenew_
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp," word "chartered," "professional association," or the a	"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 MUST BE A STREET ADDRESS OF HAVE INCORPECTLY ADDED A FENEXICE	1/(1/1/1) (and $1/(1/1/1/1)$) and $1/(1/1/1/1)$
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	PO BOX 512856
ADDED A SUITE IT ADDED A SUITE IT PLEASE REMOVE D. If amending the registered agent and/or registered of the new registered of the	ed office address in Florida, enter the name of the
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	(City) , Florida (Zip Code)—
New Registered Agent's Signature, if changing Regis I hereby accept the appointment as registered agent. I	B SEP - FI
Sivnai	ture 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	Y	Mike Jo	ones.		
X Add	<u>sv</u>	Sally Sr	<u>nith</u>		
Type of Action (Check One)	<u>Title</u>		<u>Name</u>		Address
1) Change	VP) 	JEWIFER	2 K. KRAJC	# 1202
Add Remove					PUNTA GORDA, FLJ
2) Change Add		_			
Remove 3) Change		_			
Add Remove					
4) Change					
Add Remove					
5) Change		_		<u> </u>	
Add Remove					
6) Change		_			
Add					
Remove					

	(Be specific)			
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	nge, reclassification	, or cancellation o	f issued shares,	
an amendment provides for an excha	dmont if not contain	ed in the amendm	ent itself:	
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The date of each amendment(s) adoption: 8/15/18	, if other than the
ate this document was signed.	
8/15/18	
ffective date if applicable:	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date occument's effective date on the Department of State's records.	will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for 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 adopted by the board of directors without shareholder action and shareholder action was not required.	
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
9/15/18	
Signature Dovothe P315ka Frend-+	
(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)	
(Typed or printed name of person signing)	
(Typed or printed name of person signing)	
Derother Byoko Pris	deit
(Title of person signing)	