P180000 32785

(Re	equestor's Name)	
(Ad	ldress)	<u> </u>
(Ad	ldress)	
(Cid	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nar	ne)
(Do	ocument Number)	
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Fratelli Florica Custom Homes Inc.
DOCUMENT NUMBER: P 18 0 000 32785
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Durval De Lana Filho Name of Contact Person
4655 Amherst
Fort Myers, FL 33907 City/ State and Zip Code
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:
Aline Castellucture at 239 321 4136 Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
S35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) S43.75 Filing Fee & S52.50 Filing Fee 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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Articles of Amendment

Articles of Incorporation

Fratelli Florida Custon	n Homes Inc	
	filed with the Florida Dept. of State)	
Y (80 000 32 78		
(Document Number of	Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this F its Articles of Incorporation:	Torida Profit Corporation adopts the following amend	dment(s) to
A. If amending name, enter the new name of the corporation:		
	The	new
name must be distinguishable and contain the word "corporation," "co "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	ompany," or "incorporated" or the abbreviation "Corp	p., "
B. Enter new principal office address, if applicable: 4655 Amherst Ct		_
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	4655 Amherst Ct Fort Myers F2 33907	_
		_
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>)	4655 Amherst Ct	_
	Fort Myss FZ 33907	
		_
D. If amending the registered agent and/or registered office addre	ess in Florida, enter the name of the	
new registered agent and/or the new registered office address:		
	astell victio	
465 Amh		
New Registered Office Address: Fort Myes	22907	
New Registered Office Address: (014 1110 5	, Florida_ <u>33907</u> City)	_
(`	,	
New Registered Agent's Signature, if changing Registered Agent:		
	th and accept the obligations of the position. $\;\; \simeq \;\;$	
	th and accept the obligations of the position. \gtrsim	
(• •
Signature of New Res	gistered Agent, if changing	
Check if applicable	% * ₩ •	_
Check if applicable ☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S. <u> </u>	
	^ ***	

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	PT	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name ,	Address
1) Change		· 	
Ádd			
Remove 2) Change	D	Michael Regienczuk	5570 Burr St Lehigh Acres, FL 3397
√ Add			Lungh Alres, PZ 339 1
Remove 3) Change	· -	-	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

resource additional after	ng additional Articles, ent ets, if necessary). (Be spe	ecific)		
	NA	,		
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l an amendment pro	vides for an exchange, re- menting the amendment i	<u>classification, or cance</u>	ellation of issued share:	<u>Š</u>
(if not applicable	e, indicate N/A) / /	ii iiii contained iii the	antendment tisers	
	NA			
		·····		
		-		

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The date of each amendment(s) adoption:date this document was signed.	, if other than the
Effective date if applicable: Soplem ber 04, 20 (no more than 90 days of	>20
(no more than 90 days af	er amendment file date)
Note: If the date inserted in this block does not meet the applicable stat document's effective date on the Department of State's records.	utory filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of action was not required.	lirectors without shareholder action and shareholder
The amendment(s) was/were adopted by the shareholders. The number by the shareholders was/were sufficient for approval.	of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voti must be separately provided for each voting group entitled to vote separately.	
"The number of votes east for the amendment(s) was/were sufficient	ent for approval
by	
by (voting group)	
Dated 09 04 2020	
Vignature Hurry du Jama Fille	9
(By a director, president or other officer – if di- selected, by an incorporator – if in the hands o appointed fiduciary by that fiduciary)	rectors or officers have not been
Durval I	de Lana Filho
(Typed or printed name of p	erson signing)
T T	
(Title of person signing)	