P19000003830

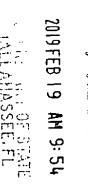
	(Requestor's Name)	
	(Address)	
	(Address)	
	(City/State/Zip/Phone #)	
PICK-UF	P WAIT	MAIL
	(Business Entity Name)	
	(Document Number)	
Certified Copies	Certificates of	Status
Special Instructions	to Filing Officer:	
<u> </u>		





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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: VILLA ATLANTI	IC INC	
	ER: P19000003830		
The enclosed Articles (of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	THOMAS KOBE		
	KOBE CONSULTING COR	Name of Contact Person P	1
	24890 EBRO CT	Firm/ Company	
-	BONITA SPRINGS, FL 341	Address 35	
-		City/ State and Zip Cod	e
KOBI	ESTB@GMAIL.COM E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
THOMAS KOBE		ar (258-2071
Name o	f 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	□\$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)
Ame Divi P.O.	ing Address indiment Section ion of Corporations Box 6327 hassee, FL 32314	Amend Divisic Clifton 2661 F	Address Iment Section on of Corporations Building Executive Center Circle USSEE, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED

2019 FEB 19 AM 9:54

VILLA ATLANTIC INC.

(Name of Corporation as curren	ully filed with the Florida Dept. of State) JF STATE
P19000003830	TALLOHASSEE, FL
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, th its Articles of Incorporation:	is Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporat "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:	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	8981 FALCON POINTE LOOP
	FORT MYERS, FL 33912
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	
11.2	Mreet address)
	M CEL TRUBESM
New Registered Office Address:	City Code;
	v iji
New Registered Agent's Signature, if changing Registered Age	
t hereby accept the appointment as registered agent. I am familia	r with and accept the obligations of the position,
Signature of Ven	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, an 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 Du	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally St	n <u>i</u> th	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change		_		
Add				
Remove				
2) Change		_		
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change				<u> </u>
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Remove				

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
	
-	
If an amandment provider for an aval	nange, reclassification, or cancellation of issued shares,
provisions for implementing the ame (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
(ij not applicame, indicate 1914)	
	

The date of each amendment(s) addate this document was signed.	option:	, if other than
02/15	5/2019	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	——————————————————————————————————————
Note: If the date inserted in this bl document's effective date on the Dep	ock does not meet the applicable statutory filing requirements, this donartment of State's records.	are will not be fisted as
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were adop by the shareholders was/were suf	oted by the shareholders. The number of votes cast for the amendment(ficient for approval.	s)
	roved by the shareholders through voting groups. The following statem each voting group entitled to vote separately on the amendment(s):	ent
"The number of votes east t	or the amendment(s) was/were sufficient for approval	
hy	(voting group)	
	(voling group)	
☐ The amendment(s) was/were adopted action was not required.	oted by the board of directors without shareholder action and sharehold	er ,
The amendment(s) was/were adopted action was not required.	oted by the incorporators without shareholder action and shareholder	
02/15/2019 Dated	Aland.	
selected	rector, president or other officer – if directors or officers have not been , by an incorporator – if in the hands of a receiver, trustee, or other could fiduciary by that fiduciary)	
	ALEXANDER WIEDMANN	
-	(Typed or printed name of person signing)	
	VIZE PRESIDENT	
-	(Title of person signing)	