P19000006518

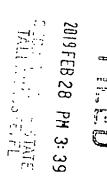
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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	ATION: A & M Enterprises	s of SWFL, Inc.	
DOCUMENT NUMBE	P10000006518		
The enclosed Articles of	Amendment and fee are su	bmitted for filing.	
Please return all correspo	ondence concerning this ma	tter to the following:	
M	lichael Mendes		
	 	Name of Contact Person	n
A	& M Enterprises of SWFL	, Inc.	
	·	Firm/ Company	
1:	2481 Dewey Road		
_		Address	
В	onita Springs, FL 34135		
		City/ State and Zip Cod	e
michael	mendes239@gmail.com		
	= -	sed for future annual report	notification)
For further information of	concerning this matter, pleas	se call:	
Michael Mendes		at (333-8229
Name of	Contact Person	Area Code & Daytime Telephone Numl	
Enclosed is a check for t	he following amount made	payable to the Florida Depa	artment of State:
S35 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)
Amen Divisi P.O. E	ng Address dment Section on of Corporations Box 6327 assee, FL 32314	Ameno Divisio Clifton	Address Iment Section on of Corporations a Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED

A & M Enterprises of SWFL, Inc.		2019 FFR 20 -
(Name	of Corporation as curr	ently filed with the Florida Dept. of State) PH 3: 39
P19000006518		er of Corporation (if known)
	(Document Numb	er of Corporation (if known)
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes,	this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new na	ame of the corporation	<u>ı:</u>
		The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	iation "Corp," "Inc," e	ration," "company," or "incorporated" or the abbreviation or "Co". A professional corporation name must contain the
B. Enter new principal office address, (Principal office address MUST BE A S		
C. Enter new mailing address, if appli (Mailing address MAY BE A POST		
D. If amending the registered agent an new registered agent and/or the new registered agent and registered agent		address in Florida, enter the name of the
• • • • • • • • • • • • • • • • • • • •	Michael Mendes	
Name of New Registered Agent	12481 Dowey Road B	onita Springs, FL 34135
		la street address)
V n	Bonita Springs	34135
New Registered Office Address:		, Florida
New Registered Agent's Signature, if c		
i nereny accept the appointment as regis.	ierea ageni. Tam jamil . A	liar with and accept the obligations of the position.
	July J	
	Signature of N	ew 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 <math>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 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	VPTD	Lucio Mendes	12481 Dewey Road
Add X Remove			Bonita Springs, FL 34135
2) X Change	PTSD	Michael Mendes	12481 Dewey Road
Add			Bonita Springs, FL 34135
3) Change Add	-		
Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change			
Remove			

Attach additional sheets, if necessary).	(Be specific)
H	
	nange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
provisions for implementing the ame	

The date of each amendment(s)	adoption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in thi locument's effective date on the	s block does not meet the applicable statutory filing requirements, this date Department of State's records.	will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were a by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
☐ The amendment(s) was/were a must be separately provided	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	
"The number of votes ea	ast for the amendment(s) was/were sufficient for approval	
Shareholders	<u>,"</u>	
<u> </u>	(voting group)	
☐ The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder	
2-19-20	19	
DatedSignature	Miller M.	
(By sele	a director, president or other officer – if directors or officers have not been eted, by an incorporator – if in the hands of a receiver, trustee, or other court binted fiduciary by that fiduciary)	
	Michael Mendes	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	