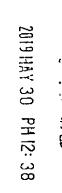
## P190000 22510

Office Use Only



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C. GOLDEN

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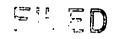
## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: ALMEIDA HOME	ES INC	
DOCUMENT NUMI			
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	LIANYS ALMEIDA		
		Name of Contact Person	1
	ALMEIDA HOMES INC		
	<del></del>	Firm/ Company	
	3909 8TH ST SW		
		Address	
	LEHIGH ACRES, FL 33976		
	-	City/ State and Zip Cod	e
almei	dahomesinc@gmail.com		
	~ -	sed for future annual report	notification)
	·	•	
For further informatio	n concerning this matter, pleas	se call:	
LIANYS ALMEIDA		at ( <u></u>	5652229
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check fo	r the 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)
Mailing Address		Street Address	
Amendment Section		Amendment Section	
	sion of Corporations	Division of Corporations	
P.O. Box 6327 Tallabasson, FL 32314		Clifton Building 2661 Executive Center Circle	

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of



ALMEIDA HOMES INC	2019 HAY 30	PH 12: 35
(Name of Corporatio	on as currently filed with the Florida Dept. of State)	
P19000022510		
(Docume	nent Number of Corporation (if known)	*******
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	a Statutes, this Florida Profit Corporation adopts the following amer	ndment(s) to
A. If amending name, enter the new name of the cor	rporation:	
	The	неж
	d "corporation." "company," or "incorporated" or the abbrevio " "Inc," or "Co". A professional corporation name must contain abbreviation "P.A."	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADD.		
		_
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOY	<u>X</u> )	
D. If amending the registered agent and/or registered new registered agent and/or the new registered of		
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:	, Florida	
	(City) (Zip Code)	
Name Designational Assert's Communications of sharping Designation	Sourced Amendo	
New Registered Agent's Signature, if changing Regi I hereby accept the appointment as registered agent. I	I am familiar with and accept the obligations of the position.	
•		
Signa	ature of New Revistered 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 Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	VP	VILLEDA, OSCAR A	3909 8TH ST SW
Add X Remove			LEHIGH ACRES, FL 33976
2) Change			
Add			
Remove			
3 ) Change			
Add			
Remove			
4) Change		<del></del>	
Add			-
Remove			
5) Change		_	
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
	<del></del>
·	
If an amendment provides for an exch	hange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	endment if not contained in the amendment itself:
	······································

	5/28/2019	
The date of each amendment(s) adoption	on:	, if other than th
date this document was signed.		
5/30/2019 Effective date <u>if applicable</u> :		
Directive date it applicative.	(no more than 90 days after amendme	nt file date)
Note: If the date inserted in this block document's effective date on the Departn	does not meet the applicable statutory filing renent of State's records.	requirements, this date will not be listed as th
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were adopted by the shareholders was/were sufficie	by the shareholders. The number of votes cast nt for approval.	for the amendment(s)
	d by the shareholders through voting groups. To voting group entitled to vote separately on the	
"The number of votes cast for th	e amendment(s) was/were sufficient for approv	val
by	(voting group)	
,	(voting group)	<del></del>
action was not required.	by the board of directors without shareholder a	
action was not required.	by the incorporators without shareholder action	i and snareholder
5/28/2019		
DatedSignature	——————————————————————————————————————	
(By a directo	r, president or other officer - if directors or off	ficers have not been
·	an incorporator – if in the hands of a receiver, a duciary by that (iduciary)	trustee, or other court
	Lianys Almeida	
	(Typed or printed name of person signing	g)
	President	
	(Title of person signing)	