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Office Use Only



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COVER LETTER

TO: Amendment Section

20 JUH 10 PH W. 119

Division of Corporations NAME OF CORPORATION: SW Property Management of Pl. Inc. DOCUMENT NUMBER: P1900048643 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Property Management of Fl. Inc. S. West Village, PKWy Ale Venice, Ft 34293

City/ State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (501) 436-2020

Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: ☐ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fcc & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32303

The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Articles of Amendment to

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Article	es of Incorporation of	20 JUN 10 PM 4: 1
SW Property r	Management of Fi	Inc
(Ivaine of Corporation as o	currently illed with the Florida Depi	L of State)
P19000 4864		
(Document No	umber of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statut its Articles of Incorporation:	tes, this Florida Profit Corporation ac	dopts the following amendment(s) to
A. If amending name, enter the new name of the corpora	ition:	
name must be distinguishable and contain the word "corporate "Inc.," or Co.," or the designation "Corp," "Inc," or "chartered," "professional association," or the abbreviation	"Co" A professional corporation w	The new or the abbreviation "Corp.," ame must contain the word
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) <u>N/A</u>	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NIA	
D. If amending the registered agent and/or registered offinew registered agent and/or the new registered office a	ice address in Florida, enter the nan	ne of the
Chame of their negitiered Agent	-	
(F)	orida street address)	
	orida sircei daaress)	
New Registered Office Address: NA	(City)	, Florida(Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fa	1 Agent: amiliar with and accept the obligations	s of the position.
N/A Signature of	New Registered Agent, if changing	
Check if applicable	The state of the s	

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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	<u>Doe</u>	
X Remove	V Mike	· Jones	
X Add	SV Sally	Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Addryss
1) Change Add	P	John M. Turington	8432 Ridgebrook (iv Odissa FL 33556
Remove 2) Change	S	JIII P Turlington	9432 Rulgelasok Lic
Add Remove Change Add	<u>PST</u>	Barbara Jean Dandrea	10484 Medjool Dr. Venice FL 34293
Remove 4) Change Add	<u> </u>	Robbert Garlant	21148 Danielle Dr. Dviedo, FL 32765
Remove 5) Change Add			
Remove 6) Change	***************************************		
Add Remove			

	, if necessary). (De specific)				
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an amendment provi rovisions for implem	enting the amend	ige, reclassification	ation, or cancell ntained in the a	ation of issued mendment its	<u>1 shares,</u> elf:	
(if not applicable, i	indicate N/A)					
NIA						
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- Luly 10th 2000	
The date of each amendment(s) adoption: JUI 10th 2020 date this document was signed.	, if other than the
Effective date if applicable:	-
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date wi document's effective date on the Department of State's records.	ll not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action an action was not required.	d shareholder
☐ 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)	
Dated 10 10 2020	
Signature Audle Audle Gram (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)	
Till P. Tirlington (Typed or printed name of person signing)	
(Title of person signing)	