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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	SW QU	JALITY CONSTRUCTION	V CO	
OOCUMENT NUMBER:	P19000	055360		
he enclosed Articles of Amendmen	t and fee are st	ibmitted for filing.		
lease return all correspondence con-	cerning this ma	atter to the following:		
		ANDREA OSORIO		
		Name of Contact Person	n	
		Firm/ Company		
		216 WALDO AVE UNI	Т 3	
		Address	· · · · · · · · · · · · · · · · · · ·	
		LEHIGH ACRES FL 3	33971	
		City/ State and Zip Cod	ů.	
or further information concerning th RAUL OSORIO	iis matter, plea		810-3097	
Name of Contact Person		Area Co) 810-3097 de & Daytime Telephone Number	
nclosed is a check for the following	amount made	payable to the Florida Depa	artment of State:	
	Filing Fee & ate of Status	☐S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address Amendment Section		Street Address Amendment Section		
Division of Corporations P.O. Box 6327		Division of Corporations The Centre of Tallahassee		
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation

SW QUALITY CONSTRUCTION CO

5% QOALITT	CONSTRUCTION CO
(Name of Corporation as curr	ently filed with the Florida Dept. of State)
P1900005536	0
(Document Numb	per of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, tits Articles of Incorporation:	this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation	<u>ı:</u>
	The new
name must be distinguishable and contain the word "corporation, "Inc.," or Co.," or the designation "Corp," "Inc," or "Co" "chartered," "professional association," or the abbreviation "P	," "company," or "incorporated" or the abbreviation "Corp.," . A professional corporation name must contain the word
B. Enter new principal office address, if applicable:	216 WALDO AVE UNIT 3
(Principal office address MUST BE A STREET ADDRESS)	LEHIGH ACRES FL 33971
	2724
C. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	<u></u>
	<u> </u>
	<u> </u>
D. If amending the registered agent and/or registered office:	address in Florida, enter the name of the
new registered agent and/or the new registered office add	
Name of New Registered Agent	
Same of New Registered Agem	
(Fl.wi.)	a street address)
r torta	u street uutivss)
New Registered Office Address:	, Florida
	(City) (Zip Code)
Number Designation of August States and August August States and August Augu	
New Registered Agent's Signature, if changing Registered Ag I hereby accept the appointment as registered agent. I am famili	<u>gent:</u> iar with and accept the obligations of the position.
	, , , , , , , , , , , , , , , , , , , ,
Signature of Ne	w Registered Agent, if changing

Check if applicable

☐ 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	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	VP	JESUS R OSORIO	216 WALDO AVE UNIT 3
XX Add			LEHIGH ACRES FL 33971
Remove			
2) Change			
Add			
Remove 3.) Change			
Add			de d in
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			, <u> </u>
Remove			
6) Change			_
Add			
Remove			

Attach additional sheets, if necessar	y). (Be specific)			
				_
 				
				
		•		
 				
· 	 -		<u> </u>	
	, a,	n		
f an amendment provides for an e provisions for implementing the a	xcnange, reciassification mendment if not conta	ined in the amendment	itself:	
(if not applicable, indicate N/A))			
			-	

• • •

AUGUST 1 2024	
The date of each amendment(s) adoption:	, if other than t
date this document was signed.	
AUGUST 1 2024	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
(no more than 10 days after anchancing the date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this didocument's effective date on the Department of State's records.	ate will not be listed as t
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action was not required.	on and shareholder
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendments by the shareholders was/were sufficient for approval.	(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statem must be separately provided for each voting group entitled to vote separately on the amendment(s):	ent
"The number of votes cast for the amendment(s) was/were sufficient for approval	
bv ."	
(voting group)	
Dated 8012024	
Signature	
(By a director, president or other officer – it directors or officers have not been	
selected, by an incorporator \(\frac{1}{2} \) if in the hands of a receiver, trustee, or other cou	rt
appointed fiduciary by that fiduciary)	
A ()	
ANGEL BRINEZ	
(Typed or printed name of person signing)	
ℓ	
WYES	
(Title of person signing)	