P21000009985

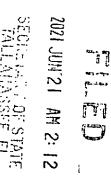
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A. B. Her

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	PRATION: JM Willoughby Re	ealtor Inc.		
DOCUMENT NUM	P21000009985			
The enclosed Article	s of Amendment and fee are su	bmitted for filing.		
Please return all corr	espondence concerning this ma	tter to the following:		
	Joni M. Willoughby			
		Name of Contact Person	1	
		Firm/ Company		
	11773 Lakewood Preserve Pl			
		Address	 	
	Fort Myers, FL 33913			
		City/ State and Zip Code	e	
	joni@sevenlakes.net			
	E-mail address: (to be us	sed for future annual report	notification)	
For further informati	on concerning this matter, plea	se call:		
Joni M. Willoughby		239 at (285-5198	
Name of 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)	
Mailing Address Amendment Section		Street Address Amendment Section Division of Corporations		
Division of Corporations P.O. Box 6327		The Centre of Tallahassee		
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

FILED

	,) 1		
IM Willoughby Realtor Inc.		,	onoi unioi am o.	
(Name	of Corporation as curren	tly filed with the Florida Dept.	. 2021 JUN 21 AM 2: 6 (State)	
21000009985			SECRETARY OF STA	
	(Document Number	of Corporation (if known)	SECRETARY OF STA TALLAHASSEEF	
ursuant to the provisions of section 607 s Articles of Incorporation:	.1006, Florida Statutes, thi	s Florida Profit Corporation ado	pts the following amendment	
If amending name, enter the new n	ame of the cornoration:			
M Willoughby Realty Inc.				
name must be distinguishable and contain	the word "cornoration"	"company" or "incorporated" of	The newThe new	
Inc.," or Co.," or the designation "Cochartered," "professional association,"	Corp," "Inc," or "Co".	A professional corporation nan		
. Enter new principal office address,	if applicable:	11773 Lakewood Preserve Pl		
Principal office address <u>MUST BE A S</u>		Fort Myers, FL 33913		
				
Enter new mailing address, if appl		11773 Lakewood Preserve PL		
(Maning address MAT DE AT OST	(Mailing address <u>MAY BE A POST OFFICE BOX</u>)			
			· · · · · · · · · · · · · · · · · · ·	
). If amending the registered agent ar			of the	
new registered agent and/or the new	_	<u>ss:</u>		
	Name of New Registered Agent Joni M. Willoughby			
Name of New Registered Agent	Joni M. Willoughby			
Name of New Registered Agent	Joni M. Willoughby 11773 Lakewood Preserv	ve Pl		
Name of New Registered Agent	11773 Lakewood Preserv	ve Pl		
Name of New Registered Agent New Registered Office Address:	11773 Lakewood Preserv	street address)		

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)

Example:

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 Doc 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.

X Change	<u>PT</u>	John Do	<u>e</u>			
X Remove	<u>v</u>	Mike Jo	nes			
X Add	<u>sv</u>	Sally Sn	nith			
Type of Action (Check One)	<u>Title</u>		<u>Name</u>		Address	
1) Change		_		 	·····	
Add						
Remove						
2) Change				 		_
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Remove 3) Change						
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f an amendment i	provides for an exc	hange, reclassific	ation, or cancella	ation of issued sha	res,	
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provisions for im	plementing the am	hange, reclassific	eation, or cancelle	ation of issued sha nendment itself:	res,	

The date of each amendment(s) date this document was signed.	adoption:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing requirements, to Department of State's records.	his date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were a action was not required.	dopted by the incorporators, or board of directors without sharehold	er action and shareholder
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes east for the ameno sufficient for approval.	lment(s)
	pproved by the shareholders through voting groups. The following sor each voting group entitled to vote separately on the amendment(s	
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by	··	
	(voting group)	
selec	une 8, 202 Little officer - if director, president or other officer - if directors or officers have not ed, by an incorporator - if in the hands of a receiver, trustee, or other need fiduciary by that fiduciary)	been er court
	Joni M. Willoughby	
	(Typed or printed name of person signing)	
	President/Director	
	(Title of person signing)	