P21000024520

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
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Q. SILAS				
NOV 01 2021				



10/21/21--01012--007 **35.00

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Glades Villas Corporation

DOCUMENT NUMBER: P21000024520

The enclosed Articles of Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Roberto Carballo

Name of Contact Person

Glades Villas Corporation

Firm/ Company

302 Freesia Street / P.O. Box 444

Address

Everglades City FE 34139-0444

City/ State and Zip Code

gladesdude@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Roberto Carballo	at (305	798-3937
Name of Contact Person		Area Code	& Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

S35 Filing Fee

□\$43.75 Filing Fee & Certificate of Status S43.75 Filing Fee & Certified Copy (Additional copy is enclosed) □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)

<u>Mailing Address</u> Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 <u>Street Address</u> Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation \mathbf{of}

2021 OCT 21 PH 4:58

, Florida

(Zip Code)

Glades Villas Corporation	05000		
(Name of Corporation as current	ly filed with the Florida Dept. of State)		
P21000024520			
(Document Number of	of Corporation (if known)		
Pursuant to the provisions of section 607.1006. Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to		
A. If amending name, enter the new name of the corporation:			
	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.A.	A professional corporation name must contain the word		
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	302 Freesia Street		
	Everglades City, Fl. 34139		
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>)	P.O. Box 444		
	Everglades City, Fl. 34139-0444		

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 address:

Name of New Registered Agent

(Florida street address)

(City)

New Registered Office Address:

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

Check if applicable

□ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), 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:

tAttach additional sheets, if necessary)

1

Please note the officer director title by the first letter of the office title

P President, V Vice President, I Treasurer, S Secretary, D Director, TR Trustee, C Chairman or Clerk, CEO Chief Executive Officer, CEO Chief Enancial 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 U and S. These should be noted as John Doe. P1 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 \underline{V} Mike Jones <u> X</u> Add SVSally Smith Address Type of Action Title Name (Check One) 8021 SW 97 Street Damaris Carballo S Li Change Miami, FL 33156 ____ Add X Repove 2) ____ Change _____Add ____ Remove 3.) ____ Change _____ Add ____ Remove 4) ____ Change _____ Add Remove 5) ____ Change _____ Add _____ Remove 6) ____ Change ____ Add , Remete

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Attach additional sheets, if necessary).	(Be specific)	
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F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

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 this b document's effective date on the De	lock does not meet the applicable statutory filing requirements, this date will not be listed as the partment of State's records.
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
The amendment(s) was/were add action was not required.	opted by the incorporators, or board of directors without shareholder action and shareholder
The amondment(s) was/were add by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendment(s) (fficient for approval.
☐ The amendment(s) was/were app	proved by the shareholders through voting groups. The following statement

must be separately provided for each voting group entitled to vote separately on the amendmentisi;

10/01/2021

"The number of votes cast for the amendment(s) was/were sufficient for approval

(voting group) by___

12021 Dated____

Signature

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selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed liduciary by that fiduciary).

Roberto Carballo

(Typed or printed name of person signing)

Pres.

(Title of person signing)