## P21 (9000 37015

(Requestor's Name)			
(Ad	dress)		
(Ad	dress)		
(Cit	ry/State/Zip/Phone	e #1	
(Cit	y/Otate/Zip/r Horie	c #)	
PICK-UP	☐ WAIT	MAIL	
(Bu	siness Entity Nar	ne)	
(DG)	Siness Entity Har	ney	
(Do	cument Number)		
Certified Copies	_ Certificates	s of Status	
Constitution in the contract of the contract o	T::: O#:	1	
Special Instructions to	Filing Officer:		
		ŀ	

Office Use Only



200376042022

11/09/21--01046--009 \*\*30.00



T. LEMIEUX DEC - 1 2021

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: SOUTHERN TEXTILE	.5				
DOCUMENT NUMBER:					
The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
MYLE COAN Name of Contact Per					
Swithern Textures Firm Company					
4306 Annow Ave Address					
Napres, PL 34104 City/ State and Zip C	ode				
E-nfail address: (to be used for future annual rep	ort notification)				
For further information concerning this matter, please call:					
Xyve Com at (239 Name of Contact Person Area	269-9598				
' 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  Certificate of Status  Certified Copy (Additional copy is enclosed)					
Amendment Section Ame Division of Corporations Divi P.O. Box 6327 The	eet Address endment Section ision of Corporations Centre of Tallahassee N. Monroe Street, Suite 810				

Tallahassee, FL 32303

## **Articles of Amendment**

to

## Articles of Incorporation

424	ocument Number of Corporatio	>	· · · · · · · · · · · · · · · · · · ·
Pursuant to the provisions of section 607.1006, Flits Articles of Incorporation:	orida Statutes, this Florida Proj	fit Corporation adopts the fo	ollowing amendment(s) to
A. If amending name, enter the new name of t	he corporation:		
	N/A		The new
name must be distinguishable and contain the wor "Inc.," or Co.," or the designation "Corp." ' "chartered," "professional association," or the a B. Enter new principal office address, if applie (Principal office address MUST BE A STREET	Inc," or "Co". A profession abbreviation "P.A."		
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE</u> D. If amending the registered agent and/or re		da enter the name of the	21
new registered agent and/or the new register		da, enter the hame of the	Te <sup>m</sup>
Name of New Registered Agent	NA	• .	- C
	(Florida street address)	-	
V B 1 100 11		11 2 A	Ö
New Registered Office Address:	(City)	, Florida_	-{Zip Code)
New Registered Agent's Signature, if changing I hereby accept the appointment as registered ago		ept the obligations of the po	esition.

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 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.

X Change	PT John	<u>n Doe</u>	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
X Add	<u>SV</u> <u>Sali</u>	y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	VP	JOEY STEKLES	4306 Annow Are
Add Remove			NAPLES, FL 34101
2) Change	VP	KNESTYN COAR	4306 AMBLO AVE NADLES FL 34104
Remove Change			
Add			
Remove			<del></del>
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
б) Change			-
Add			
Remove			

маси ааашог	adding additional Articles, enter change(s) here: al sheets, if necessary). (Be specific)
	<del></del>
	<del></del>
an amendme	nt provides for an exchange, reclassification, or cancellation of issued shares,
rovisions for	implementing the amendment if not contained in the amendment itself: (icable, indicate N/A)
(ij noi app	icane, matche ivii)

The date of each amendment(s) adoptio date this document was signed.	11/1/202	1	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 d document's effective date on the Department		ry filing requirements, this date w	fill not be listed as the
Adoption of Amendment(s)	(CHECK ONE)		
The amendment(s) was/were adopted b action was not required.	y the incorporators, or board of dire	ectors without shareholder action a	nd shareholder
☐ The amendment(s) was/were adopted b by the shareholders was/were sufficient		votes cast for the amendment(s)	
☐ The amendment(s) was/were approved must be separately provided for each v			
"The number of votes cast for the	amendment(s) was/were sufficient	for approval	
by	(voting group)		
	(voting group)		
Dated	/ 202/		
selected, by a	president or other officer – if direct incorporator – if in the hands of a diciary by that fiduciary)		
	•	son signing)	
	PagsiceNT (Title of person signing)		