P2200032130

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7/30/24

COVER LETTER

TO: Amendment Section **Division of Corporations**

Tallahassee, FL 32314

NAME OF CORPO	RATION: Coit Cleaning and	d Restoration SW of Florid	a, Inc.		
DOCUMENT NUM	P22000032130				
The enclosed Articles	of Amendment and fee are su	bmitted for filing.			
Please return all corre	spondence concerning this ma	itter to the following:			
•	SANDRA M. GUILLEN				
	Name of Contact Person				
	COIT Cleaning and Restoration SW of Florida, Inc.				
	Firm/ Company				
	6240 Topaz Court Unit 1				
	Address				
	Fort Myers, FL 33966				
	City/ State and Zip Code				
	esh96007@live.com				
	E-mail address: (to be us	sed for future annual report	notification)		
For further informatio	n concerning this matter, pleas	se call:			
SANDRA M GUILLEN		904 at (_) 434-9981		
Name of Contact Person		Area Co	de & Daytime Telephone Number		
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:		
S35 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)		
Amo Divi	iling Address endment Section ision of Corporations . Box 6327	Amend Divisio	Address Iment Section on of Corporations entre of Tallahassee		

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

COIT Cleaning and Restoration SW of Florida, Inc.

(Name of Corporation as currently filed with the Florida Dept. of State) P22000032130 (Document Number of Corporation (if known) Pursuant to the provisions of section 607,1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: C & G Cleaning and Restoration SW Florida, Inc. name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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)

New Registered Office Address: , Florida (City) (Zip Code)

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) (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		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s	
1) Change		SAMANTHA M DESHAW	10424 CANAL BROOK LANE	
Add			LEHIGH ACRES, FL 33936	
X Remove				
2) Change				
Add			· · · · · · · · · · · · · · · · · · ·	
Remove 3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add			77	
Remove			<u> </u>	

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)	
- In the second	

<u> </u>	
	·
F. If an amendment provides for an exchange, reclassification, or cancellation of it	sued shares,
provisions for implementing the amendment if not contained in the amendmen	t itself:
(if not applicable, indicate N/A)	
	•
	 .
	~-a
	<u> </u>

The date of each amendment(s) a	doption:	, if other than the
date this document was signed.		
mee at the attack.	09/16/2024	
Effective date if applicable:	(no more than 90 days after amendment file	date)
Note: If the date inserted in this be document's effective date on the De	block does not meet the applicable statutory filing require epartment of State's records.	ements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were add action was not required.	opted by the incorporators, or board of directors without sl	hareholder action and shareholder
☐ The amendment(s) was/were add by the shareholders was/were st	opted by the shareholders. The number of votes cast for the ifficient for approval.	ne amendment(s)
	proved by the shareholders through voting groups. The foreeach voting group entitled to vote separately on the amen	
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
1	2	
by	(voting group)	
	irector, president or other officer – if directors or officers d, by an incorporator – if in the hands of a receiver, trusted	
appoin	ted fiduciary by that fiduciary)	
	SANDRA M. GUILLEN	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	

;