P95000075646

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COVER LETTER

TO: Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

NAME OF CORPO	ORATION: SOUTHEAST BUI	LDERS QUALITY HOME	ES, INC.		
DOCUMENT NUM	505000075747		<u> </u>		
The enclosed Article	es of Amendment and fee are sub	omitted for filing.			
Please return all corr	respondence concerning this mat	ter to the following:			
	PAMELA G. BURKARD				
	Name of Contact Person				
	Firm/ Company				
	325 CITRUS OPEN DR				
	Address				
	NEW SMYRNA BEACH FL 32168				
	City/ State and Zip Code				
	PAM.BURKARD@AOL.COM				
	E-mail address: (to be us	ed for future annual report	notification)		
For further informat	ion concerning this matter, pleas	e call:			
ERIN WOLLETT		at (_) 428-3311		
Nam	e of Contact Person	at (386 Area Code & Daytime Telephone Number			
Enclosed is a check	for the following amount made p	payable to the Florida Depa	artment of State:	i <u>.</u>	
□ \$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)	- 4 ₁	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327		Amend Divisio	Address ment Section n of Corporations entre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

2003 Sert - 6 - 3.11 St

Articles of Amendment Articles of Incorporation of

(Name of Corpo	ration as currently filed with the Fl	orida Dept. of State)	
95000075646			
(De	ocument Number of Corporation (if kr	nown)	
ursuant to the provisions of section 607,1006, Fl s Articles of Incorporation:	orida Statutes, this <i>Florida Profit Cor</i>	noration adopts the follow	wing amendmen
. If amending name, enter the new name of the	he corporation:		
			The new
ame must he distinguishable and contain the word Inc.," or Co.," or the designation "Corp," " chartered," "professional association," or the a	Inc," or "Co". A professional corp	orporated" or the abbrevi noration name must con	iation "Corp.," ntain the word
Enter new principal office address, if applic Principal office address MUST BE A STREET			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	F ROX)		
(muning dutiess MAT DE ATOST OFFICE.			
			
		_	
If amending the registered agent and/or reg new registered agent and/or the new register		ter the name of the	- ·_
			:
Name of New Registered Agent	 ·		
	(Florida street address)		— <u>}</u>
			int.
New Registered Office Address:		. Florida	•

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 Doc		
X Remove	<u>V</u>	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action	Title	<u>Name</u>	<u>Addres</u> s	
(Check One) 1) X Change	DPT	JOHN E. BURKARD JR	P.O. BOX 1844	
Add			NEW SMYRNA BEACH, FL 3217	
Remove	DVPS	PAMELA G. BURKARD	P.O. BOX 1844	
2) X Change Add			NEW SMYRNA BEACH, FL 3217	
Remove 3) Change	DT	MEGAN JOHNSON	P.O. BOX 1844 NEW SMYRNA BEACH, FL 3217	
X Add				,
Remove				ιυ Ε
4) Change Add			-	ά,
Remove				
5) Change				
Add				
Remove 6) Change				
Add				
Remove				

amending or adding additional Articles, enter change(s) here: tach additional sheets, if necessary). (Be specific)	
	=
	<u> </u>
	<u> </u>
	•
an amendment provides for an exchange, reclassification, or cancellation of issued shares,	• .
rovisions for implementing the amendment if not contained in the amendment itself:	
(if not applicable, indicate N/A)	
	<u></u>
<u> </u>	<u></u>
	: آخر نسم
	1
<u> </u>	
	

JULY 1, 2023	
The date of their amendment(s) adoption	, if other than the
date this document was signed.	
Effective date if applicable: (no more than 90 days after amendment file date)	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will n document's effective date on the Department of State's records.	ot be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shaction was not required.	nareholder
■ The amendment(s) was/were adopted by the shareholders. The number of votes east for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by Tamela D. Buskand " (voting group)	
(voting group)	
Dated $67/61/23$	
Signature Australia	
Signature (By a director, president or officer – if directors or officers have not been	
selected, by an incorporator - if in the hands of a receiver, trustee, or other court	
'appointed fiduciary by that fiduciary)	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
Tobo F Burkard To.	199 S
Tohn E. Burkard, Jr. (Typed or printed name of person signing)	<u></u>
0	<u>.</u>
(Title of person signing)	- 3 ·
(Title of person signing)	