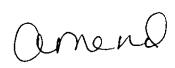
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PICK-UP WAIT MAIL
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	PRATION: LODY OF MARTI	IN COUNTY, INC.	
DOCUMENT NUM	IBER: P96000081732		
	s of Amendment and fee are su	bmitted for filing.	
Please return all corr	espondence concerning this ma	tter to the following:	
	JAMES E. BURGUND		
		Name of Contact Person	1
		Firm/ Company	
	4492 SW BRANCH TERRA	CE	
	PALM CITY, FL 34990	Address	
		City/ State and Zip Code	<u> </u>
		City/ State and Esp Cod	•
	james@swissam1.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further informati	on concerning this matter, plea	se call:	
JAMES E. BURGUND		772 at (	708-6188
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check	or the following amount made	payable to the Florida Depa	artment 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)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio The C	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

FILED

2021 AUG 17 PM 12 44

LODY OF MARTIN COUNTY, INC.

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

(Name of Corporat	ion as currently filed with the Florida Dept. of State PETARY OF STATE
P96000081732	ion as currently filed with the Florida Dept. of State) RETARY OF STATE (ALL A HASSEE, FLORIDA)
(Docu	ment Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Floric ts Articles of Incorporation:	la Statutes, this Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the o	orporation:
name must he distinguishable and contain the word "c Inc.," or Co.," or the designation "Corp," "Inc. "chartered," "professional association," or the abbr	The new corporation," "company," or "incorporated" or the abbreviation "Corp.," " or "Co". A professional corporation name must contain the word eviation "P.A."
3. Enter new principal office address, if applicable Principal office address MUST BE A STREET AD	
. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u></u>
. If amending the registered agent and/or registered new registered agent and/or the new registered	red office address in Florida, enter the name of the office address:
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	, Florida
	(Elp Code)
ew Registered Agent's Signature, if changing Registered agent the appointment on partitioned	zistered Agent:
reves, accept the appointment as registered agent.	I am familiar with and accept the obligations of the position.
Sign	ature of New Registered Agent, if changing

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.

X Change	<u>PT</u>	John Do	<u>oe</u>	
X Remove	$\underline{V}$	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Saliy St	<u>mith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change	AR		JAMIE LYNN BURGUND	4492 SW BRANCH TERRACE
XX Add				PALM CITY, FL 34990
Remove				
2) Change		_		
Add				
Remove 3) Change				
Add				
Remove				
4) Change	<del></del>	_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add			· ···-	
Remove				

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)		l sheets. if necessary).	(Be specific)			
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	adoption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	(no more than 90 days after amenament file date)	
<b>Note:</b> If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing requirement Department of State's records.	s, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were a action was not required.	dopted by the incorporators, or board of directors without shareho	older action and shareholder
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amosufficient for approval.	endment(s)
• •	pproved by the shareholders through voting groups. The followin or each voting group entitled to vote separately on the amendmen	·····
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by		
·	(voting group)	
selec	director, president or other officer – if directors or officers have reed, by an incorporator – if in the hands of a receiver, trustee, or onted fiduciary by that fiduciary)	
	JAMES E. BURGUND	
	(Typed or printed name of person signing)	
	President, CEO, Chairman	
	(Title of person signing)	<del></del>