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## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: FMC Capital Gre	oup, Inc		
DOCUMENT NUM	D00000081404			
The enclosed Articles	s of Amendment and fee are su	ibmitted for filing.		
Please return all corre	espondence concerning this ma	atter to the following:		
	Judith Schroeder			
	,	Name of Contact Person	71	
	FMC Capital Group.Inc.			
		Firm/ Company		
	11660 Night Heron Drive			
		Address		
	Naples, FL 34119			
		City/ State and Zip Cod	e	
	jschroeder@fmccapital.com			
	E-mail address: (to be us	sed for future annual report	notification)	
For further information	on concerning this matter, plea	se call:		
Judith Schroeder		at ( <sup>239</sup>	595-5687	
Name	of Contact Person	Area Co	595-5687 de & Daytime Telephone Number	
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:	
\$35 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, F1, 32314		Street Address 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 of

( <u>Name</u>	of Corporation as currentl	y filed with the Florida Dept	. of State)		
P99000081404					
	(Document Number o	f Corporation (if known)			<del>_</del>
Oursuant to the provisions of section 607 ts Articles of Incorporation:	7.1006. Florida Statutes, this	Florida Profit Corporation ad	lopts the followin	ig amendn	nent(s)
A. If amending name, enter the new n	ame of the corporation:				
name must he distinguishable and contain "Inc.," or Co.," or the designation "Cohartered," "professional association,	Jorp," "Inc." or "Co". 3	l professional cornoration w	or the abbreviation ime must contain	_The ne on "Corp., in the wor	.,
Enter new principal office address,	if applicable:	11660 Night Heron Drive			
Principal office address MUST BE A STREET ADDRESS )		Naples, FL 34119		<del></del>	
				202	
. Enter new mailing address, if appl (Mailing address MAY BE A POST	icable: OFFICE BOX)			E.	 
·					-
				H 12	
If amending the registered agent an new registered agent and/or the new	d/or registered office addr	ess in Florida, enter the nam	e of the	56	
Name of New Registered Agent	Judith A. Schroeder				
	11660 Night Heron Drive			-	
	(Florida stre	et address)		•	
	Naples		34119		
New Registered Office Address;		City)	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)

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 Doe	
X Remove	$\underline{V}$	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	DCEO	Judith A. Schroeder	11660 Night Heron Drive
X Add			Naples, FL 34119
Remove			
2) Change	DCEO	Dennis B. Schroeder	11660 Night Heron Drive
Add			Naples, FL 34119
X Remove Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change	_		
Add			
Remove			

Attach additional sheets, if necessary).	cles, enter change (Be specific)	- · · <del>-</del>			
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an amendment provides for an excha	inge, reclassificati	on, or cancella	tion of issue	l shares,	
rovisions for implementing the amon	dment if not cont	ainad in the ar			
rovisions for implementing the amen (if not applicable, indicate N/A)	dment if not cont	ained in the ar	<u>iendment its</u>	<u>:11:</u>	
rovisions for implementing the amen	dment if not cont	ained in the ar	iendment its	<u>en:</u>	,
rovisions for implementing the amen	dment if not cont	ained in the ar	iendment its	<u> </u>	
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provisions for implementing the amen	dment if not cont	ained in the ar	iendment its	<u> </u>	

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***	August 31, 2020	
The date of each amendment late this document was signed		, if other than th
Effective date if applicable:	August 31, 2020	
<del></del>	(no more than 90 days after amendment file date)	
Note: If the date inserted in to locument's effective date on the	his block does not meet the applicable statutory filing requirements, ne Department of State's records.	this date will not be listed as th
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/wer action was not required.	e adopted by the incorporators, or board of directors without sharehold	er action and shareholder
The amendment(s) was/wer by the shareholders was/we	e adopted by the shareholders. The number of votes cast for the amendere sufficient for approval.	iment(s)
must be separately provide	e approved by the shareholders through voting groups. The following a d for each voting group entitled to vote separately on the amendment(s	
	cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
Dated	9/31/4020  Truck flower officer - if directors or officers have not	
se	y a director, president or other officer – if directors or officers have not lected, by an incorporator – if in the hands of a receiver, trustee, or othe pointed fiduciary by that fiduciary)	
	Judith A. Schroeder	
	(Typed or printed name of person signing)	<del></del>
	DCEOST	
	(Title of person signing)	