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SECRETARY OF STATE
AHASSEE ET OBJEA

SEP 3 0 2021

S. PRATHER

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: MEARS CONTRA	CTING, INC.	.		
DOCUMENT NUMI	BER:				
	of Amendment and fee are sul	bmitted for filing.			
Please return all corre	spondence concerning this ma	tter to the following:			
	SANDRO SVRDLIN				
		Name of Contact Persor	· 		
	TAX KING & ACCOUNTING CPA, INC				
		Firm/ Company			
	1000 S BELCHER ROAD, SUITE 4				
	Address				
	LARGO, FL 33771				
	City/ State and Zip Code				
	CPATAXKING@GMAIL.C	OM			
	E-mail address: (to be us	sed for future annual report	notification)		
For further information	n concerning this matter, pleas	se call:			
SANDRO SVRDLIN		at (727	316-1028 de & Daytime Telephone Number		
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:		
\$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, FL 32314		Amend Divisio The C	Address ment Section on of Corporations entre of Tallahassee V. Monroe Street, Suite 810		

Tallahassee, FL 32303

Articles of Amendment

Articles of Incorporation of

	01	- FE	Ś
MEARS CONTRACTING, INC.		CRI A	
(Name of Corporation a	as currently filed with the Florida Dept. of State)	A C	T)
P03000113444		ZU RY SSE	言
(Document	Number of Corporation (if known)	OF:	
Pursuant to the provisions of section 607.1006, Florida Statits Articles of Incorporation:	atutes, this Florida Profit Corporation adopts the follow	ing Sindner	ስ t(s) to <u>-</u>
A. If amending name, enter the new name of the corpo	oration:		
		The new	
name must be distinguishable and contain the word "corpo" "Inc.," or Co.," or the designation "Corp," "Inc," or "chartered," "professional association," or the abbrevia	r "Co". A professional corporation name must cont	tion "Corp.," ain the word	,
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRE	ESS)		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
		_	
	 		
D. If amending the registered agent and/or registered new registered agent and/or the new registered offi			
	ice audress.		
Name of New Registered Agent			
	tFlorida street address)		
New Registered Office Address:	Florida		
	(City) (Ze	ip Code)	
New Registered Agent's Signature, if changing Registe I hereby accept the appointment as registered agent. I an	ered Agent: or familiar with and accept the obligations of the position	ı7	
Therein, accept the appointment as registered agent. The	and the formula in th	-	
Cimorton	ra of New Rouistored 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)

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	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	S	ALEXANDER PEACOCK	6625 35TH STREET N #3
Add			PINELLAS PARK, FL 33781
X Remove		-	
2) Change			
Add			
Remove 3) Change			
Add			
Remove		-	<u>-</u>
4) Change			<u></u>
Add			
Remove		-	
5) Change			
Add			
Remove		_	
6) Change			
Add			
Remove			
AÇIHOVC			

(Attach addit	t or adding additional Articles, enter change(s) here: ional sheets, if necessary). (Be specific) WNERSHIP SHARES TO REMOVE ALEXANDER PEACOCKS OWNERSHIP SHARES.
EW DISTRIE	BUTION OF OWNERSHIP SHOULD BE AS FOLLOWS:
GEORGE MEA	ARS 80%
GEORGE C M	EARS JR. 20%
	<u> </u>
	
 -	
provisions	lment provides for an exchange, reclassification, or cancellation of issued shares, for implementing the amendment if not contained in the amendment itself:
(if not	applicable, indicate N/A)
	
	
<u> </u>	

· / · · -/- / - / - / 	, if other than the
date this document was signed.	
Effective date if applicable:	
tno 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 document's effective date on the Department of State's records	II not 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 an action was not required.	d shareholder
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast 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 Along Mean Insulant (voting group)	FILED 2021 SEP 20 PM 6: 11 SECRETARY OF STATE FALLAHASSEE, FLORIDA
Signature (By a director, president or other 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) (Typed or printed name of person signing)	: ATE RIDA
(Title of person signing)	