## P14000552434

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Certified Copies	_ Certificates	of Status
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## **COVER LETTER**

Inc

**.** .- .

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: Roman's Cerdafied Construction, DOCUMENT NUMBER: P14000052434
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Roman Cerda  Name of Contact Person  Roman's Cerdafied Construction Inc  Firm/ Company  1956 Filly Road  Address  Cantonment Fl 32533  City/ State and Zip Code  Cerdafied construction @ outlook . Com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Reman Cerda at 850 535 - 7028  Name of Contact Person Area Code & Daytime Telephone Number  Enclosed is a check for the following amount made payable to the Florida Department of State:  \$35 Filing Fee \$\Begin{array}{c} \$43.75 Filing Fee & Certificate of Status (Additional copy is enclosed) (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327  Street Address Amendment Section Division of Corporations Division of Corporations Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

## **Articles of Amendment**

to

## Articles of Incorporation

Reman's	Cerdafi	ed Cons	struction	1, Inc
(Name of	Corporation as currently	y filed with the Florids	Dept. of State)	
Pluo	00052u3	<b>-</b> ł		
	(Document Number of	Corporation (if known)	)	
Pursuant to the provisions of section 607.10 ts Articles of Incorporation:	006, Florida Statutes, this i	Florida Profit Corpora	tion adopts the follow	ing amendment(s) to
A. If amending name, enter the new name	ne of the corporation:			28.
NA				
name must be distinguishable and conta "Corp.," "Inc.," or Co.," or the designal word "chartered," "professional association	tion "Corp," "Inc." or "(	Co". A professional co		
B. Enter new principal office address, if Principal office address <u>MUST BE A ST</u>		NA_		25.4 S.2 60 S.2
C. Enter new mailing address, if application (Mailing address MAY BE A POST O		NA		
D. If amending the registered agent and new registered agent and/or the new			ne name of the	<del></del>
Name of New Registered Agent	NA			<u></u>
-	(Florida stre	ret address)		_
New Registered Office Address:	NA		, Florida	
CENTICE STATE STATE TO THE TENTICES.		(City)		p Code)
New Registered Agent's Signature, if cha I hereby accept the appointment as register	anging Registered Agent: red agent. I am familiar w	ith and accept the oblig	gations of the position	ı.
	Signature of New Ro	egistered Agent, if chan	ging	<del></del>

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)	<u>Title</u>	Name	<u>Addres</u> s
(Check One)  1) Change	D	Joseph Mcmillian	130 Karen Circle
Add		·	
Remove			32514
2) Change	Ū	Shawn Gunsley	7333 Pine Forest Rd
Add			Pensacola Fl
Remove			32526
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			<del></del>
6) Change			
Add			
Remove			

E. If amending or adding (Attach additional sheets	additional Articles, en	nter change(s) here:		
A M	, y necessury). (De s	pecgicy		
NH				
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F. If an amendment provi	des for an exchange, r	reclassification, or ca	ncellation of issued sh	ares.
provisions for implem (if not applicable, i	enting the amendment indicate N/A)	t if not contained in t	he amendment itself:	
NA	·			
1911				······································
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				,
			····	
			· <u>-</u>	

The date of each amendment(s) adoption:	, if other than the
late this document was signed.	
Effective date if applicable: $2-3-30$	
(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 valocument's effective date on the Department of State's records.	will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ 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	
(voling group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 2 - 2 - 2017	
Signature Roman Corda	
(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)	
President (Title of person signing)	