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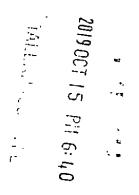
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C Kinsey

#### **COVER LETTER**

**Division of Corporations** EXX CONSMUCTION GrOUP IN NAME OF CORPORATION: DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: City/ State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee **□\$**43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status Certified Copy (Additional copy is enclosed) (Additional Copy is enclosed)

#### **Mailing Address**

TO: Amendment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

#### Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

### **Articles of Amendment**

## Articles of Incorporation

1 - 1.1		tn(
(Name of Courses	tion as currently filed with the Florida Dept. of State)	7110
(Name of Corpora	tion as currently thed with the Plotton Dept. of State	
(Doct	ument Number of Corporation (if known)	
Description of action (OT 100). Flori	da Statutes, this Florida Profit Corporation adopts the following	amondment(c
its Articles of Incorporation:	da statutes, tius <i>riorum rroju corporation</i> adopts the following a	anciancia(:
A. If amending name, enter the new name of the	corporation:	
		The new
"Corp.," "Inc.," or Co.," or the designation "Corword "chartered," "professional association," or th	ord "corporation," "company," or "incorporated" or the abbrp," "Inc," or "Co". A professional corporation name must co be abbreviation "P.A."	ntain the
B. Enter new principal office address, if applicab		<u>-</u>
(Principal office address <u>MUST BE A STREET AL</u>	<u></u>	2
		5
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	OV.	,
(Mutung maress MAT BE AT OST OF FICE D	<u> </u>	<del></del>
	<del></del>	
		<del></del>
	tered office address in Florida, enter the name of the	
new registered agent and/or the new registere	d office address:	
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:	Florida	
	(City) (Zip Co	de)
New Registered Agent's Signature, if changing Re	ogistored Agent.	
I hereby accept the appointment as registered agent.	. I am familiar with and accept the obligations of the position.	
Sig	gnature of New Registered Agent, if changing	
012		

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, 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 = C Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each of 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. Ther 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 Char Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:		John Dog	
X Change	<u>PT</u>	John Doc	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change	<u>S</u>	JOHN R. DIEHL	1314 E.LASOIAS
X_ Add			# 713
Remove			FOX LAuderdale
2) Change			
Add			
Remove			
3) Change		<del></del>	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change		<del>-</del>	
Add			
Remove			
6) Change		<del></del>	
Add			
Remove			

(Attach additional sheets, if necessary). (Be specific)
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:
(if not applicable, indicate N/A)

The date of each amendment(s) adoption:	, if other than
Effective date if applicable: 10-10-19  (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 vidocument's effective date on the Department of State's records.	vill not be listed as
Adop* in of Amendment(s) $(\underline{CHECK\ ONE})$	
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.	MA
☐ 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):	NA
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"	
by	
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 $10-10-19$	
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)	
Gina Gold	
(Typed or printed name of person signing)	
HESIDENT	
(Title of person signing)	