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JUN 2 9 2017 S. YOUNG



## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	NEXT	LEVIL	- ۲۶ دم	Reinas Inc	
NAME OF CORPORATION: DOCUMENT NUMBER:	P1700	000 396	9/		
The enclosed Articles of Amend					
Please return all correspondence	concerning this m	atter to the follo	owing:		
	<	5.5 LAA	c ( with	n	
	? Har	Name of (	OMC 1	<del>,                                    </del>	
		Name of C	C		
	204	STATE Firm/	Company	RUCTION INC	
	0.0	Rov <	55414	ST PETERSBURG	
<del></del>					
	F1 3	373.)			
		City/ State	and Zip Cod	le .	
E-ma	Sphan			1 @ GMAIL. Com	
For further information concerni				,	
SHAME WE	(-AR 277	at	(813	de & Daytime Telephone Number	
Name of Contact	Person		Area Co	de & Daytime Telephone Number	
Enclosed is a check for the follow	wing amount made	payable to the	Florida Depa	artment of State:	
\$35 Filing Fee \$\Bigcup\$\$40 \$Cer	3.75 Filing Fee & tificate of Status	Certified	al copy is	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address				Address	
Amendment So			Amendment Section		
Division of Co P.O. Box 6327	Division of Corporations Clifton Building				
Tallahassee, FL 32314			2661 Executive Center Circle		

Tallahassee, FL 32301

## **Articles of Amendment** to Articles of Incorporation of

MEXT LEVEL CONSTRUCTORS	INC		
(Name of Corporation as currently	filed with the Florida Dept. of State)		
P17000039691			
(Document Number of	Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	Torida Profit Corporation adopts the fo	llowing amendment(s)	
A. If amending name, enter the new name of the corporation:			
SUNSTATE CONSTRUCTION	INC.	The new	
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or "Cword "chartered," "professional association," or the abbreviation "P	o". A professional corporation name	the abbreviation must contain the	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	2302 N. WES	5 SHORE	
	BLVD, #200 TAMPA	FL 33607	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
D. If amending the registered agent and/or registered office address:	ss in Florida, enter the name of the	17	
Name of New Registered Agent			
(Florida stree	·		
New Registered Office Address:	, Flo <del>rid</del> a		
	(City)		
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I am familiar wi	th and accept the obligations of the pos	Mip Codei	
Signature of New Reg	gistered 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 <math>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 Doc	
X Remove	<u>y</u>	Mike Jones	
_X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6 Charas			
6) Change			
Add			
Remove			

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
f an amendment provides for an eych	ange, reclassification, or cancellation of issued shares,
provisions for implementing the amer	ndment if not contained in the amendment itself:
(if not applicable, indicate $N/A$ )	

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable: (c-)-0-17  (no more than 90 days after amendment file date)	
(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 condocument's effective date on the Department of State's records.	late will not be listed as the
Adoption of Amendment(s) ( <u>CHECK ONE</u> )	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment by the shareholders was/were sufficient for approval.	(s)
The amendment(s) was/were approved by the shareholders through voting groups. The following staten must be separately provided for each voting group entitled to vote separately on the amendment(s):	ient
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and sharehold action was not required.	ler
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 6-20-17	
Dated 6-20-17 Signature m (= m	
(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 cou	irt
appointed fiduciary by that fiduciary)	
SHANE IN GARITY	
(Typed or printed name of person signing)	
PRESIDENT	
PRこSioにNT (Title of person signing)	