P2000010863

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2024 JAN 22 AN 9: 49

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPO	RATION: CAL CONTRACT	ING INC.	
DOCUMENT NUM	D200000110062		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	CHRISTINA LAVALLIE		
		Name of Contact Person	1
	CAL CONTRACTING INC.		
		Firm/ Company	
	6435 SABLE RIDGE LANE		
		Address	
	NAPLES, FL 34109		
		City/ State and Zip Code	2
	CALCONTRACTINGINC@	GMAIL.COM	
	E-mail address: (to be us	sed for future annual report	notification)
For further information	n concerning this matter, pleas	se cail:	
CHRISTINA LAVAI	LLIE	at (645-8655
Name	of Contact Person	Arca Co	de & Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the Florida Depa	irtment of State:
S35 Filing Fcc	☐ \$43.75 Filing Fec & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Am Div P.O	ling Address endment Section sion of Corporations Box 6327 ahassec, FL 32314	Amend Divisio The Co 2415 N	Address ment Section n of Corporations entre of Tallahassee J. Monroe Street, Suite 810 ssee, FL 32303

Articles of Amendment

Articles of Incorporation of

CAL CONTRACTING INC.	oration (if known) FILED 2024 JAM 22 AH 9: 49
(Name of Corporation as currently filed	l with the Florida Dept. of State)
P20000010863	2024 IAN 22
(Document Number of Corp	oration (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida</i> its Articles of Incorporation:	N/
A. If amending name, enter the new name of the corporation: Huther textile Mance name must be distinguishable and contain the word "corporation," "compa" "Inc.," or Co.," or the designation "Corp." "Inc.," or "Co". A professional association," or the abbreviation "P.A."	no, "or "incorporated" or the abbreviation "Corp.," essional corporation name must contain the word
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
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 in new registered agent and/or the new registered office address:	Florida, enter the name of the
Name of New Registered Agent	
(Florida street add	ress)
New Registered Office Address: (City)	, Florida(Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with an	d accept the obligations of the position.
Signature of New Register	red 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)

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 Do	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sr	nith	
Type of Action (Check One)	Title		Name	Address
1) Change		_		
Add				
Remove				
2) Change		_		
Add				
Remove 3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Remove				

If amending or adding addi (Attach additional sheets, if no	ecessary). ((Be specific)				
						
		- -				
			_			
						<u> </u>
						
						
						
		,			- -	
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If an amendment provides f	or an exchan	ige, reclassific	ition, or cance	lation of iss	ued shares.	
provisions for implementing	ig the amend	ment if not co	ntained in the	amendment	itself:	
(if not applicable, indica	ate N/A)					
	-					
						

. 12/31/2023	
The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(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, th document's effective date on the Department of State's records.	is date will 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 was not required.	action and shareholder
☐ 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.	nent(s)
The amendment(s) was/were approved by the shareholders through voting groups. The following start must be separately provided for each voting group entitled to vote separately on the amendment(s):	ntement
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
Dated	
(By a director, president or other officer - if directors or officers have not be selected, by an incorporator - if in the hands of a receiver, trustee, or other appointed fiduciary by that fiduciary)	court
CHRISTINA LAVALLIE	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	