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SECRETARY OF STATE
TALLAHASSEE, FLORIO

** Roberts NOV: 3/0, 2010

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	s Construction Ser	lices, Inc
DOCUMENT NUMBER: 505 30)	
The enclosed Articles of Amendment and fee ar	e submitted for filing.	
Please return all correspondence concerning this	s matter to the following:	
John R	2. Sartor Sr. ame of Contact Person	·
C1: ff's S	Firm/ Company	
PO BOX) 0567 Address	
Brooks.	1: 11 = FL 34603 ty/ State and Zip Code	
≤ la Ke @ E-mail address: (to be used	or future annual report notification)	
For further information concerning this matter, p	please call:	•
Sandra Lake Name of Contact Person	at (<u>352</u>) 796 - 49 Area Code & Daytime Tel	540 ephone Number
Enclosed is a check for the following amount ma	ade payable to the Florida Depar	tment of State:
\$35 Filing Fee \$43.75 Filing Fee & Certificate of Status	\$43.75 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	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circl	e

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation



Cliff's Construction (Name of Corporation as currently filed with the Florida Dent.) 505301 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." 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 Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent: New Registered Office Address: (Florida street address) ____, Florida____ (Zip Code) (City) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

<u> Fitle</u>	<u>Name</u>	Address	Type of Actio
PD	John R. Sartor Sr.	Brooksville FZ	☐ Add ☐ Remove
D	Jason Sartor	3 3408 Golden Pheasant Brooksville, FZ 34601	☐ Add ☐ Remove
			☐ Add ☐ Remove
provisi	mendment provides for an exchange, red ons for implementing the amendment if not applicable, indicate N/A)		
provisi	ons for implementing the amendment if		

The date of each amen	dment(s) adoption:
	(date of adoption is required)
Effective date if applic	able: 1-1-11 (no more than 90 days after amendment file date)
	(no more than 90 days after amenament fite date)
Adoption of Amendme	ent(s) (<u>CHECK ONE</u>)
The amendment(s) v	was/were adopted by the shareholders. The number of votes cast for the amendment(s) was/were sufficient for approval.
The amendment(s) w	vas/were approved by the shareholders through voting groups. The following statement or ovided 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	"
•	(voting group)
The amendment(s) w action was not require	vas/were adopted by the board of directors without shareholder action and shareholder red.
The amendment(s) was not require	vas/were adopted by the incorporators without shareholder action and shareholder red.
Dated	11-18-10
Signat	(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)
	Toka R. Sardor Sr. (Typed or printed name of person signing)
	PD
	(Title of person signing)