

# 573530

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

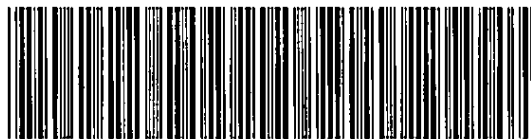
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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FILED  
2017 AUG -7 P 3 09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

AUG 14 2017

T. LEMUEUX

**Worman & Sheffler, P.A.**  
**Attorneys At Law**

2707 W. Fairbanks Ave., Suite 200  
Winter Park, Florida 32789

Telephone (407) 843-5353  
Facsimile (407) 841-9516

August 2, 2017

***Via Federal Express***

Florida Department of State  
Division of Corporations  
Attn: Amendment Section  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Re: Seminole Excavation & Supply, Inc., et al. – General File  
W&S File Number: 7778.0000

Dear Clerk:

Enclosed for filing are Articles of Amendment for the following three (3) corporations:

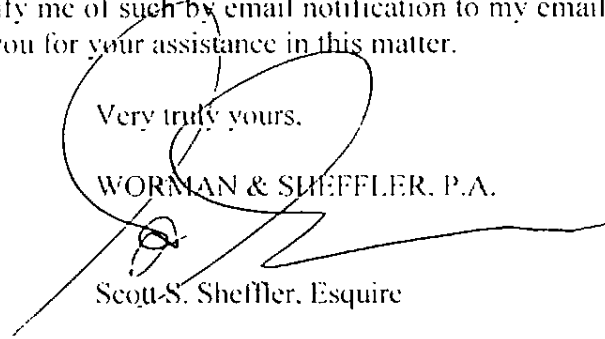
1. Seminole Excavation & Supply, Inc. (Document No.: J28905)
2. Central Florida Enterprises, Inc. (Document No.: P93000084002)
3. Seminole Shotcrete, Inc. (Document No.: 573530)

I have also enclosed our firm's checks in the amounts of \$35.00 each, representing your filing fees for each of the Amendment filings.

Once each is filed, please notify me of such by email notification to my email address of: [ssheffler@wormanlaw.com](mailto:ssheffler@wormanlaw.com). Thank you for your assistance in this matter.

Very truly yours,

WORMAN & SHEFFLER, P.A.

  
Scott S. Sheffler, Esquire

SSS/de

Enclosures

cc: Jose Bruno

Joaquim Da Silva

Shane Boutty, Esquire

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: Seminole Shotcrete, Inc.

DOCUMENT NUMBER: 573530

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Scott S. Sheffler, Esquire  
Name of Contact Person  
Worman & Sheffler, P.A.  
Firm/ Company  
2707 W. Fairbanks Avenue, Suite 200  
Address  
Winter Park, Florida 32789  
City/ State and Zip Code  
ssheffler@wormanlaw.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Scott Sheffler, Esquire at ( 407 ) 843-5353  
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:

- |   |  |   |  |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy<br>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 Circle  
Tallahassee, FL 32301

Articles of Amendment  
to  
Articles of Incorporation  
of

FILED

Seminole Shotcrete, Inc.

(Name of Corporation as currently filed with the Florida Dept. of State)

573530

(Document Number of Corporation (if known))

2011 AUG -7 P 3 09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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 \_\_\_\_\_

(Florida street address)

New Registered Office Address: \_\_\_\_\_, Florida \_\_\_\_\_  
(City) (Zip Code)

**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*

*(Attach additional sheets, if necessary)*

*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.*

**Example:**

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	P	Fausto G. Da Silva	1700 Timocuan Way Longwood, FL 32750
2) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	V	Jose M. Bruno	1700 Timocuan Way Longwood, FL 32750
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			

**E. If amending or adding additional Articles, enter change(s) here:**

(Attach additional sheets, if necessary). (Be specific)

[illegible]

**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)

[illegible]

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, this date will not be listed as the document's effective date on the Department of State's records.

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  
by \_\_\_\_\_."  
(voting 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 8-2-12

Signature Joao G da Silva  
(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)

Joaoim Da Silva  
(Typed or printed name of person signing)  
Secretary / Treasurer  
(Title of person signing)