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(Red	questor's Name)	
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Anundus

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: _	System	Council	U-4, Building	Corporatio
DOCUMENT NUMBER:	~. ^ ~			
The enclosed Articles of Amendm	ent and fee are submit	ted for filing.		
Please return all correspondence c	oncerning this matter to	o the following:		
	Wendell	tame of Contact Pers	(no)	
	System Co	(Firm/ Company)	Building Con	paration
	3944 Flori	da Blud. (Address)	Suite aoa	
	Paim Beac	h Garden	us , Florida 3	3410
E-mail	Jendell © S address: (to be used to	CUAIREW	. ORG	
For further information concerning	this matter, please cal	1:		
Wendell (Nam	e of Contact Person)	at	561-624-2- Area Code) (Daytime Tel	700 ephone Number)
Enclosed is a check for the follow	ng amount made payal	ole to the Florida De	partment of State:	
S35 Filing Fee SC	ertificate 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 Sec Division of Corp P.O. Box 6327 Tallahassee, FL	tion porations	Amei Divis Clifte	et Address Indiment Section It ion of Corporations In Building Executive Center Circle	

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

of

SYSTEM Council U	1-4, Building Corporation
76882	
	mber of Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida State amendment(s) to its Articles of Incorporation:	tutes, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corpor	ration:
NOT Applicable	The new
name must be distinguishable and contain the word "corpo "Company" or "Co," may not be used in the name.	oration" or "incorporated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRES</u>	Not Applicable
	201.
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BON)	Not Applicable
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office	ffice address in Florida, enter the name of the
	JACK L. Wilson
	5475 W. County Road 78
New Registered Office Address:	tributa street daaress)
<u>La</u>	Belle Florida 33935 (City) (Zip Code)
New Registered Agent's Signature, if changing Registere	ed 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
	menne in a comment of the comment

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 X Remove X Add	<u>V</u> <u>Mike</u>	Doe e Jones y <u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change Add	<u>BM</u>	Aleknavich, Gary J.	1062 SE Sengrass Are. Port St. Lucie, Fl 34987
2) Change Add	$\mathcal{B}W$	Wilson, JACK L.	5475 W. County Road 78 LaBelle, Fl 33935
Remove 3) Change Add			
Remove 4) Change Add			
Remove 5) Change Add			
Remove 6) Change Add			
Remove			

E. If amending of (attach addition	or adding additional Articles, enter change(s) here: nal sheets, if necessary). (Be specific)
Not	Applicable
	•
<u> </u>	
	<u> </u>

The date of each amendment(s) adoption: late this document was signed.	Not	Applicable		, if other than the
-	Not	Applicable lays after amendment file	r date)	
Note: If the date inserted in this block does no locument's effective date on the Department of			prirements, this date will not be	: listed as the
Adoption of Amendment(s) (<u>CF</u>	HECK ONE)			
The amendment(s) was/were adopted by the was/were sufficient for approval.	he members an	nd the number of votes ca	st for the amendment(s)	
☐ There are no members or members entitled adopted by the board of directors.	d to vote on the	e amendment(s). The am	endment(s) was/were	
Dated	019			
Signature (By the chairman or vice	e chairman of	the board, president or ot	her officer-if directors	
have not been selected other court appointed f		orator – if in the hands of at fiduciary)	a receiver, trustee, or	
Philip	Davi	printed name of person s	ii	
,	(1 yped or	printed fainte of person's	igning)	
Director	OF	(Title of person signing	<u></u>	