J5/363

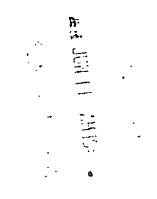
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: REID & CRABTR	EE BUILDERS, INC.		3
	BER:			•
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corre	spondence concerning this ma	tter to the following:		
	ROSEMARY A RACUT			
		Name of Contact Persor	1	
SMITH, SMITH & ASSOCIATES, INC.				
		Firm/ Company		_
	6702 LONE OAK BLVD.			
		Address		
	NAPLES, FL 34109			
		City/ State and Zip Code	2	
rracu	t@smithsmithassoc.com			
	•	sed for future annual report	notification)	
		•		
For further informatio	n concerning this matter, pleas	se call:		
ROSEMARY A RAC	UT	at (²³⁹	263-0829	
Name of Contact Person			de & Daytime Telephone Nun	ıber
Enclosed is a check for	or the following amount made i	payable to the Florida Depa	rtment of State:	
■ \$35 Filing Fee	-	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)		
Am Div P.O	iling Address endment Section ision of Corporations . Box 6327 ahassee, FL 32314	Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle assee, FL 32301	

Articles of Amendment to Articles of Incorporation of

REID & CRABTREE BUILDERS, INC.	12.
(Name of Corporation as currently filed with the Florida Dept. of State):	· Si
J51363	
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the follow	wing amendme
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 "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc.," or "Co". A professional corporation name mu word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable:	abbreviation
(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)	Lip 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 positio	n.
Signature of New Registered Agent, if changing	

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, 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 = CExecutive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each of 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. The 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 Cha Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	S	STEPHANIE CRABTREE	2590 2ND ST SW
X Add			NAPLES, FL 34120
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 additional Art Attach additional sheets, if necessary).	(Be specific)	**************************************			
				_	
					
					-
		· -			
					.
	 	-			
If an amendment provides for an exclusions for implementing the ame	hange, reclassifica endment if not cor	tion, or cancellati	on of issued share ndment itself:	<u>es.</u>	
(if not applicable, indicate N/A)					
				_	
·					
			<u> </u>		

•	JUNE 1, 2019	
The date of each amendment(s) at date this document was signed.	doption:	, if other thar
-		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bedocument's effective date on the De	lock does not meet the applicable statutory filing requirements, this date will partment of State's records.	I not be listed as
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.	
• • • • • • • • • • • • • • • • • • • •	proved by the shareholders through voting groups. The following statement 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 add action was not required.	opted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder	
06/01/2019		
DatedSignature	anen Galto Pec.	_
selecte	irector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)	
	WARREN K CRABTREE	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	