

K 80950

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850)617-6380

From: Account Name : TIER ONE LICENSES LLC
Account Number : 120230000120
Phone : (321)989-7356
Fax Number : (321)341-8522

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: support@tieronelicenses.com

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STATE OF FLORIDA
TALLAHASSEE, FL

COR AMND/RESTATE/CORRECT OR O/D RESIGN
1474 RAIL HEAD, INC.

Certificate of Status	0
Certified Copy	0
Page Count	07
Estimated Charge	\$35.00

2023 AUG 15 PM 5:13

FAX Aud. #: H23000283624

Division of Corporations
Florida Department of State
P.O. Box 6327
Tallahassee, FL 32314

Re: Entity Name Change for 1474 Rail Head Inc. to Leo's Masonry, Incorporated
Fax Audit # H23000283624

Tammi,

I am writing in response to the letter I received regarding the entity name change request for 1474 Rail Head Inc. to Leo's Masonry, Incorporated. I appreciate your prompt attention to this matter and would like to address the concerns raised in the letter.

In the deficiency letter dated August 15th, it was stated that the proposed name "Leo's Masonry, Incorporated" is not distinguishable from the name of a dissolved entity. I would like to provide further context to explain the reasoning behind this name change and to address the concern raised.

I am the owner of the name "Leo's Masonry, Incorporated" with document number P21000014063. I closed that entity in 2022 due to a change in business structure and strategic planning. I am releasing the name "Leo's Masonry, Incorporated" from the dissolved entity with the document number P21000014063 and am now intending to use this name for 1474 Rail Head Inc. entity. I am releasing the name "Leo's Masonry, Incorporated" for use exclusively by my other active entity.

I understand and respect the need for maintaining a clear and distinguishable naming system for entities registered with the Division of Corporations. To that end, I assure you that the name "Leo's Masonry, Incorporated" will be exclusively utilized by my other active entity and I will not reinstate P21000014063.

If there are any specific forms, documents, or procedures that need to be followed to effectuate this change, please do not hesitate to contact my associate Lisa Adams at (321) 989-7356.

Sincerely,



Andy Adragna

1474 RAIL HEAD BLVD.

NAPLES, FL 34110

Enclosure: Copy of Deficiency Letter, Cover sheet and document

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DIVISION OF CORPORATIONS
TALLAHASSEE, FL

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FAX Aud. #: H23000283624



August 15, 2023

FLORIDA DEPARTMENT OF STATE
Division of Corporations

1474 RAIL HEAD, INC.
1474 RAIL HEAD BLVD
NAPLES, FL 34110US

SUBJECT: 1474 RAIL HEAD, INC.
REF: K80950

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We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

The document number of the name conflict is P21000014063.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tammi Cline FAX Aud. #: E23000283624
Regulatory Specialist II Supervisor Letter Number: 023A00018773

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: 1474 Rail Head, Inc.

DOCUMENT NUMBER: K80950

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

Please return all correspondence concerning this matter to the following:

Lisa Adams
Name of Contact Person

Tier One Licenses LLC
Firm/ Company

8970 YELLOW PINE CT
Address

GAINESVILLE, GA 30506
City State and Zip Code

support@tieronelicenses.com
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

Name of Contact Person at (321) 989-7356
Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department 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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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Articles of Amendment
to
Articles of Incorporation
of

1474 Rail Head, Inc.

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

K80950

(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:

Leo's Masonry, Incorporated

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**)

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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 Andrea Adragna

7231 Acorn Way
(Florida street address)

New Registered Office Address: Naples, Florida 34119
(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

Check if applicable

The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), F.S.

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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:

- Change PT John Doe
- Remove V Mike Jones
- Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input checked="" type="checkbox"/> Change	<u>P, D</u>	<u>Andrea Adragna</u>	<u>7231 Acorn Way</u>
<input type="checkbox"/> Add			<u>Naples, FL 34119</u>
<input type="checkbox"/> Remove			
2) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
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			

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E. If amending or adding additional Articles, enter change(s) here:
(Attach additional sheets, if necessary). (Be specific)

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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)

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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 incorporators, or board of directors without shareholder action and shareholder action was not required.
- 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)

Dated 8/7/23

Signature Andrea Adragna

(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)

Andrea Adragna

(Typed or printed name of person signing)

President, Director

(Title of person signing)

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