NB0001721

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MA	AL.
(Business Entity Name)	
(Document Number)	
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COVER LETTER

TO: Amendment Section Division of Corporations Thrus Construction Academy NAME OF CORPORATION: _(DOCUMENT NUMBER: N1800 0011721 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: (Name of Contact Person) (Firm/ Company) (Address) (City/ State and Zip Code) For further information concerning this matter, please call: bona Grdlack (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 & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) (Additional Copy is Enclosed) Street Address Mailing Address Amendment Section_... Amendment Section Division of Corporations Division of Corporations The Centre of Tallahassee P.O. Box 6327 2415 N. Monroe Street, Suite 810 Taliahassee, FL 32314

Tallahassec, FL 32303

NO\$ 6/28/24



July 23, 2024

DONNA BIDLACK 1196 S LECARTO HWY LECARTO, FL 33461 US

SUBJECT: CITRUS CONSTRUCTION ACADEMY, INC.

Ref. Number: N18000011721

We have received your document for CITRUS CONSTRUCTION ACADEMY, INC., however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$35.00.

If you have any further questions concerning your document, please call (850) 245-6000.

Summer Chatham Supervisor New Filings Section

Letter Number: 424A00016209

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Articles of Amendment to. Articles of Incorporation

Arucie	of	
Citrus Construction Academ	u Toc	
(Name of Corporation as currently filed with the Florida	Dept. of State)	<u> </u>
N18000011721		7
(Document Num	ber of Corporation (if known)	10 mg
Pursuant to the provisions of section 617.1006, Florida Status amendment(s) to its Articles of Incorporation:	tes, this Florida Not For Profit Corp	poration adopts the following
A. If amending name, enter the new name of the corpora	tion:	
NA		The new
name must be distinguishable and contain the word "corpore "Company" or "Co." may not be used in the name.	ition" or "incorporated" or the abb	reviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:	534 N. Dunier	In Id Ave
(Principal office address MUST BE A STREET ADDRESS	534 N. Dunten Crystal River	FL 34429
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	534 N. Dunjen Crystal Rover,	field Ave
	Coystal Rover,	F-30429
	· 	
D. If amending the registered agent and/or registered off	ice address in Florida, enter the n	ame of the
new registered agent and/or the new registered office	address:	
Name of New Registered Agent:	<i>N/A_</i>	·
New Registered Office Address:	(Florida stre e t ada	iress)
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am for	1 Agent: amiliar with and accept the obligation	ons of the position.
	NA	
	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, 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	PT John I V Mike SV Sally		
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change Add		N/A	
Remove			
2) Change Add			
Remove 3) Remove — Add — Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or ad (attach additional se		rticles, enter change(s) here: . (Be specific)	
Article I	I Stricky	<u> </u>	
		m runbu Board men	bus remued,
mii	nun inc	reased	
PANUL IX	(: ''induc	ing the indemnification has runus to "mumbus"	un of the member"
	nould as	organization has r	10 "munbus"
Articl XI	: All refe	unius to "membus"	removed accurately reflect change
N/A 1.1.	undaka	I and remembered to a	accurately replace to all you

Da 12 2021	
The date of each amendment(s) adoption: Apully 12 3034 , if other than date this document was signed. Effective date if applicable: (no more than 90 days after amendment file date)	the
Danuary 11 a 2024	
(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 members and the number of votes cast for the amendment(s) was/were sufficient for approval.

	re are no members or members entitled to vote on the amendment(s). The amendment(s) was/were
ado	pted by the board of directors.
	Dated June 26,2024
	Signature (X lulu
	(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or
	other court appointed fiduciary by that fiduciary)
	$\overline{}$
	_ Donna Brollack
	(Typed or printed name of person signing)
	Prisident
	(Title of person signing)