POCOCO24137

(Req	uestor's Name)
bbA)	ress)
(Addı	ress)
(City)	/State/Zip/Phone #)
PICK-UP	WAIT MAIL
	iness Entity Name)
(Doc	ument Number)
Certified Copies	Certificates of Status
Special Instructions to F In cornec Receive Emain	ed through 4/10/23 AB
	· (

Office Use Only



200401137612

01/27/23--01016--012 **43.75

2023 AFR 10 PM 2: ...

- 1

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPO	RATION: Ron Horiski Masor	nry, Inc.	
DOCUMENT NUM	BER: P000000024137		
	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	Katrenia Horiski		
		Name of Contact Person	
	Ron Horiski Masonry, Inc.		
		Firm/ Company	
	1900 SE 52 St		
		Address	
	Ocala, FL 34480		
		City/ State and Zip Code	:
	ronhoriski@gmail.com		
		sed for future annual report	notification)
For further information	n concerning this matter, pleas	se call:	427-2886
Name	of Contact Person	at (Area Coo	de & Daytime Telephone Number
	or the following amount made		
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Am Div P.O	iling Address endment Section ision of Corporations . Box 6327 ahassee, FL 32314	Amend Divisio The Co 2415 N	Address ment Section n of Corporations entre of Tallahassee J. Monroe Street, Suite 810 ssee, FL 32303

Articles of Amendment to Articles of Incorporation

RON HORISKI MASONRY INC.

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

POOODO 24137

(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)-

its Articles of Incorporation: A. If amending name, enter the new name of the corporation: 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

Check if applicable

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

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	PT	John Doe	
A Change			
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
l) Change		N/A	
Add			
Remove			
2) Change			
Add			
Remove 3) Change		_	
Add			
Remove			 -
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Damova			

E. <u>If amending</u>	or adding additional.	Articles, enter ch	ange(s) here:			
	onal sheets, if necessar	y). (Be specific)				
N/A	.=	.				
		·-··	<u>-</u>			
- -	·					
·				· · · · · · · · · · · · · · · · · · ·		
		=	· · · · · · · · · · · · · · · · · · ·			
			<u></u>			
		· · · · · · · · · · · · · · · · · · ·			•	
					<u>.</u>	
	-+					
C 15			C	Uladia afiana da		
r. <u>It an amenor</u> provisions f	ment provides for an or implementing the a	amendment if not	contained in the	amendment itself:	ares,	
(if not a	pplicable, indicate N/A)				
N/A						
				 		
						
-						

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 document's effective date on the l	block does not meet the applicable statutory filing requirement Department of State's records.	s, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were a action was not required.	dopted by the incorporators, or board of directors without shareho	older action and shareholder
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the ame sufficient for approval.	endment(s)
	pproved by the shareholders through voting groups. The following or each voting group entitled to vote separately on the amendmen	
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by	·	
	(voting group)	
April 10, Dated	2023	
Signature	Kotremi Horeste	
(Ву а	director, president or other officer - if directors or officers have	not been
	ted, by an incorporator - if in the hands of a receiver, trustee, or of inted fiduciary by that fiduciary)	nner couri
	Katrenia Horiski	
	(Typed or printed name of person signing)	
	Secretary	
	(Title of person signing)	

•



March 30, 2023

RON HORISKI OR KATRENIA HORISKI 1900 SE 52 ST OCALA, FL 34480

SUBJECT: RON HORISKI MASONRY, INC.

Ref. Number: P00000024137

We have received your document for RON HORISKI MASONRY, INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a FLORIDA PROFIT CORPORATION. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

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.

Letter Number: 723A00007355

Anissa Butler Regulatory Specialist II

www.sunbiz.org