01000098022

(Re	questor's Name)	
(Add	dress)	
(Add	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nan	ne)
(23)	omoso Emily man	,
(Do	cument Number)	<u> </u>
Certified Copies	Certificates	of Status
Special Instructions to F	Filing Officer.	
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ALLAHASSEE, FÜÜRU

RECEIVED

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

CORNERSTO	NE INTERLOCK	KING INC	_
Please Debit FC	CA000000003 For:	35	
Thank you Seth	Neeley		
Story			Art of Inc. File
			LTD Partnership File
			Foreign Corp. File
			L.C. File
			Fictitious Name File
			Trade/Service Mark
			Merger File
			Art. of Amend, File
			RA Resignation
			Dissolution / Withdrawal
			Annual Report / Reinstatement
			Cert. Copy
			Photo Copy
			Certificate of Good Standing
			Certificate of Status
			Certificate of Fictitious Name
			Corp Record Search
,			Officer Search
A			Fictitious Search
Signature	7		Fictitious Owner Search
Signature			Vehicle Search
			Driving Record
Requested by:			UCC 1 or 3 File
None	D		UCC 11 Search
Name	Date	Time	UCC Retrieval
Walk-In	Will Pick (Up	Courier

Articles of Amendment to Articles of Incorporation of

FILED

CORNERSTONE INTERLOCKING INC

2023 SEP -7 AM 11: 29

Name of Corporation as currently filed with the	<u>Florida D</u>	ept. of State)	1111	11.77
P01000098022			'NLLAF	IASSEE, FLORIDA
(Docum	ent Numbe	er of Corporation (if know	vn)	_,
Pursuant to the provisions of section 617.1006, Floramendment(s) to its Articles of Incorporation:	ida Statute	s, this <i>Florida Not For F</i>	rofit Corporation add	opts the following
A. If amending pame, enter the new name of the	corporati	ion:		
				The new
name must be distinguishable and contain the word "Company" or "Co." may not be used in the name	"corporat	tion" or "incorporated" (or the abbreviation "(Corp." or "Inc."
B. Enter new principal office address, if applical		2101 PARK CENTER	DR STE 150	
(Principal office address MUST BE A STREET A.	DDRESS	ORLANDO, FL 32835		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE) D. If amending the registered agent and/or registered agent and/or the new registered agent and/or the new registered.	stered offi ed office a	iddress:		
Name of New Registered Agent:	CSG - CA	APITAL SERVICES GR	OUP INC	
	2101 PA	RK CENTER DR STE 1:	50	
New Registered Office Address:		(Flor	ida street address)	
	ORLANI	DO	, Florida	32835
	·	(City)	(Zip C	Code)
New Registered Agent's Signature, if changing I hereby accept the appointment as registered agen	Registered it. I am fa	1 Agent: unuliar with and accept th	ne obligations of the p	osition.
		Marcos A	Cezende	
-	S	Signature of New Register	red 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 officeheld. 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 Do V Mike Jo SV Sally S	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change Add	<u>PTD</u>	JANICE R DAVIS	705 CHURCH ST NOKOMIS, FL 34275
X Remove			
2) Change Add	SVD	KEITH S DAVIS	705 CHURCH ST NOKOMIS, FL 34275
X Remove 3) Change	P,D	AUGUSTO CABRAL	3035 IRISH PEACH DR WINTER GARDEN, FL 34787
4) Change Add			
Remove 5) Change Add			
Remove 6) Change Add		<u></u>	
E. If amending or add (attach additional sho	ing additional Areets, if necessary).	ticles, enter change(s) here: (Be specific)	
		·	

•	
<u> </u>	
<u></u>	
The date of each amendment(s) adoption:date this document was signed.	, if other than the
Effective date if applicable:	
(no more than 90 days	
Note: If the date inserted in this block does not meet the applicated document's effective date on the Department of State's records.	ble statutory filing requirements, this date will not be listed as the

The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

(CHECK ONE)

Adoption of Amendment(s)

Dated	09/06/2023
Signatu	re (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)
	AUGUSTO CABRAL (Typed or printed name of person signing)

(Title of person signing)

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2003 SEP -7 AMII: 30