P02000004467

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: DALE'S EXCAV	/ATION, INC.				
DOCUMENT NUMBER: P02000004467						
The enclosed Articles of Amendment and fee are submitted for filing.						
Please return all corre	espondence concerning this ma	tter to the following:				
	William H Peeler					
	Name of Contact Person					
	Dale's Excavation, Inc.					
	Firm/ Company					
	6139 SW State Road 47					
	Address					
	Lake City, FL 32024					
	City/ State and Zip Code					
	dalesexc@att.net					
	E-mail address: (to be us	sed for future annual report	notification)			
	on concerning this matter, pleas		755 1400			
Howard Peeler		at (386	1 755-1699 de & Daytime Telephone Number			
Name of Contact Person Area Code		de & Daytime Telephone Number				
Enclosed is a check f	or the following amount made	payable to the Florida Depa	artment of State:			
S35 Filing Fee	☐S43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 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				

Articles of Amendment to Articles of Incorporation of

DALE'S EXCAVATION, INC.

(Name of Cor	poration as currently filed with the Florida Dept. of State)	
P02000004467		
(1	Document Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, I its Articles of Incorporation:	Florida Statutes, this Florida Profit Corporation adopts the following	amendment(s) to
A. If amending name, enter the new name of	the corporation:	
N/A		The new
name must be distinguishable and contain the wo "Inc.," or Co.," or the designation "Corp," "chartered," "professional association," or the	ord "corporation," "company," or "incorporated" or the abbreviation "Inc," or "Co". A professional corporation name must contain abbreviation "P.A."	"Corp.," the word
B. Enter new principal office address, if appl	licable: N/A	
(Principal office address MUST BE A STREE		
		
	-	<u>.</u>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC	CE BOX)	
	egistered office address in Florida, enter the name of the	
new registered agent and/or the new regis	stered office address:	
Name of New Registered Agent N/A		
		202:
	(Florida street address)	55 Ch = 1-8
New Registered Office Address:	, Florida	
	(City) (Zip Ce	xde) သ
New Registered Agent's Signature, if changing I hereby accept the appointment as registered a	ng Registered Avent: gent.—I am familiar with and accept the obligations of the position.	
		LL!
	Signature of New Registered Agent, if changing	
Check if applicable		

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)

__ Remove

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 John Doe ĽŢ X Remove V Mike Jones X Add <u>SV</u> Sally Smith Name Address Type of Action Title (Check One) S/T PEELER, KATHRYN E 6139 SW STATE ROAD 47 1) X Change LAKE CITY, FL 32024 ____ Add ____ Remove PEELER, WALTER D 6139 SW STATE ROAD 47 2) ____ Change LAKE CITY, FL 32024 _ Add Remove 3) Change ____ Add __ Remove 4) ____ Change ____ Add ____ Remove 5) ____ Change ____ Add _ Remove 6) ____ Change __ Add

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E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)	
N/A	
	<u> </u>
	_
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)	
N/A	
	<u>;;</u>
	<u> </u>
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The date of each amendment(s) at date this document was signed.	doption:	, if other than the
-	GUST 3, 2023	
Effective date if applicable:	(no more than 90 days after amendment file date)	
	(no more mun 30 augs uper amenament fue unie)	
Note: If the date inserted in this b document's effective date on the De	lock does not meet the applicable statutory filing requirement partment of State's records.	s, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ado action was not required.	pted by the incorporators, or board of directors without shareho	older action and shareholder
☐ The amendment(s) was/were add by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amofficient for approval.	endment(s)
	roved by the shareholders through voting groups. The followin each voting group entitled to vote separately on the amendmen	
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	<u> </u>	
	(voting group)	
Dated Signature	12/23 Willing	
(By a di selected	rector, president or other officer – if directors or officers have it, by an incorporator – it in the hands of a receiver, trustee, or cell fiduciary by that fiduciary)	
	WILLIAM H PEELER	
	(Typed or printed name of person signing)	
	PRES.	
	(Title of person signing)	

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