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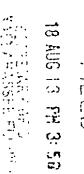
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## COVER LETTER

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: $F3$ , /NC. $P020009472E$
DOCUMENT NUMBER: P02000094725
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
David F. Farmer
Name of Contact Person
2480 SW MONTERREY LN
2480 SW MONTERREY LN Port St. Lucie, FL 34593 City/ State and Zip Code
nandave 7@ bell south. net  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
David F. Farmer at (561) 308-8207  Name of Contact Person Area Code & Davtime Telephone Number
,
Enclosed is a check for the following amount made payable to the Florida Department of State:
S35 Filing Fee  Certificate of Status  Certified Copy (Additional copy is enclosed)  S43.75 Filing Fee & Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment Section

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Clifton Building

## Articles of Amendment

to

## Articles of Incorporation

of

F3, INC.		
	tly filed with the Florida Dept. of S	tate)
P02000094	725	
(Document Number of	of Corporation (if known)	
rsuant to the provisions of section 607.1006. Florida Statutes, this Articles of Incorporation:	s Florida Profit Corporation adopts	the following amendment(s)
If amending name, enter the new name of the corporation:		
F3 CONSTRUCTION,	INC.	The new
ime must be distinguishable and contain the word "corporation Torp.," "Inc.," or Co.," or the designation "Corp," "Inc." or	on," "company," or "incorporated "Co". A professional corporation	" or the abbreviation
ord "chartered," "professional association," or the abbreviation		
Enter new principal office address, if applicable:	same address	Z=
Principal office address <u>MUST BE A STREET ADDRESS</u> )		100 m
	<u> </u>	
Enter new mailing address, if applicable:	11 .	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)	same address	
		·
. If amending the registered agent and/or registered office add	fress in Florida, enter the name of	t <u>he</u>
new registered agent and/or the new registered office addres	N/A	
Name of New Registered Agent	·	
(Florida s	treet address)	
N	C)	. ,
New Registered Office Address:	, Flor (City)	(Zip Code)
		·
ew Registered Agent's Signature, if changing Registered Agen	<u>t:</u>	e position.

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.

X Change	<u>PT</u>	John Doe			
X Remove	<u>V</u>	Mike Jones			
X Add	<u>SV</u>	Sally Smith	NO CHANGES		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>		<u>Addres</u> s	
1) Change					
Add					
Remove					
2) Change			·		
Add					
Remove					
3 ) Change					
Add					
Remove					
4) Change					
Add					
Remove					
5) Change	<del></del>				
Add					
Remove					
6) Change					
Add					_
Remove					_

ttach additional sheets, if necessary).	icles, enter change(s) her (Be specific)	e N/A
	<u> </u>	
	<del>-</del>	
<del></del>		
	_	
<del></del>		
	<del>_</del>	
an amendment provides for an exch	range, reclassification, or	cancellation of issued shares,
rovisions for implementing the ame	ndment if not contained	in the amendment itself:
		***/**
(if not applicable, indicate N/A)		
(ij not applicable, indicate N/A)		<del>_</del>
(y not applicable, indicate N/A)		
(y not applicable, indicate N/A)		
(ij not applicable, indicale N/A)		
(y not applicable, indicate N/A)		
(y not applicable, indicate N/A)		
(ij not applicable, indicate N/A)		
(y not applicable, indicate N/A)		

The date of each amendment(s) adoption this document was signed.	ption: <u>pate Signed below</u>	if other than th
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blo document's effective date on the Depa	ck does not meet the applicable statutory filing requirements, this cartment of State's records.	date will not be listed as th
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were adopt by the shareholders was/were suffi	ed by the shareholders. The number of votes cast for the amendmen clent for approval.	t(s)
	oved by the shareholders through voting groups. The following states ich voting group entitled to vote separately on the amendment(s):	nent
"The number of votes east fo	r the amendment(s) was/were sufficient for approval	
by:	(voting group)	
	(voting group)	
☐ The amendment(s) was/were adopt action was not required.	ed by the board of directors without shareholder action and sharehol	der
☐ The amendment(s) was/were adopt action was not required.	ed by the incorporators without shareholder action and shareholder	
Dated	1/8	
(By a dire selected,	retor, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other co f fiduciary by that fiduciary)	
_	David F, Farmer (Typed or printed name of person signing)	
_	President (Title of person signing)	