P02000116102

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TO: Amendment Section
Division of Corporations

NAME OF CORI	PORATION:	LAVOIE'S STUCCO, INC.		
DOCUMENT NU	JMBER:	P02000116102		
The enclosed Artic	cles of Amendment and fee	are submitted for filing.		
Please return all co	orrespondence concerning th	is matter to the following:		
		EBRA ANZALONE		
	1	Name of Contact Person		
	BUSI	NESS SUPPORT INC.		
		Firm/ Company		
	417 STOWE AVE SUITE A			
		Address		
		NGE PARK, FL 32073		
	(City/ State and Zip Code		
	DEBBIE@B E-mail address: (to be us	SIZSUPPORTING.COM ed for future annual report notification)		
For further informa	ation concerning this matter	, please call:		
DE	BRA ANZALONE	at (904) 264-1289		
Name	of Contact Person	at (904) 264-1289 Area Code & Daytime Telephone Number		
Enclosed is a chec	k for the following amount i	made payable to the Florida Department of State:		
\$35 Filing Fee	☑ \$43.75 Filing Fee & Certificate of Status	□ \$43.75 Filing Fee & □ \$52.50 Filing Fee Certified Copy (Additional copy is enclosed) □ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
P.O. Box 6	nt Section Corporations	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation of

LAVOIE'S S			f State)	
P02000		_	·	
(Document Number of		on (if known)		
Pursuant to the provisions of section 607.1006, Floamendment(s) to its Articles of Incorporation:	orida Statute	es, this <i>Florida Pr</i> e	ofit Corporation	adopts the following
A. If amending name, enter the new name of the	corporation	<u>:</u>		
LAVOIE CONSTRUCT	ION SOLU	JTIONS, INC.		The new
name must be distinguishable and contain the wabbreviation "Corp.," "Inc.," or Co.," or the designame must contain the word "chartered," "profession	gnation "Co	rp," "Inc," or "Co	o". A professio	
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET AL)		N/A		O9 DE
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u>OX</u>) .	N/A		C-4 AMII: 09
D. If amending the registered agent and/or regist new registered agent and/or the new registered			, enter the nam	e of the
Name of New Registered Agent: N/A	<u> </u>			
New Registered Office Address:	(Floric	la street address)		
	(City)	 	, Florida (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

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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
N/A			F**1
			☐ Add☐ Remove
E. If amend (attach ad	ling or adding additional Articles, e Iditional sheets, if necessary). (Be s	nter change(s) here: pecific)	
provisio	nendment provides for an exchange ns for implementing the amendmen of applicable, indicate N/A)		
N/A			
			

The date of each amendment(s	s) adoption:
Effortive data if applicables	N/A (dute of adoption is required)
Effective date in applicable.	s) adoption: 11242009 NA (dute of adoption is required) (no more than 90 days after amendment file date)
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
The amendment(s) was/were by the shareholders was/wer	adopted by the shareholders. The number of votes cast for the amendment(s) e sufficient for approval.
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):
"The number of votes ca	ast for the amendment(s) was/were sufficient for approval
by	voting group)
(voting group)
The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder
Dated	11/24/2009
Signature/	hal Takes
select	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 other court need fiduciary by that fiduciary)
	MIKE LAVOIE (Typed or printed name of person signing)
	PRESIDENT (Title of person signing)