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COVER LETTER

TO: Amendment Section. Division of Corporations

NAME OF CORPOR	Allied Builders	, Inc	
DOCUMENT NUME	P03000064623		
The enclosed Articles	of Amendment and fee are sul	bmitted for filing.	
Please return all corres	pondence concerning this mat	ter to the following:	
	Katherine Cook		
	Allied Builders,Inc.	Name of Contact Person	1
•	3 North Main Ave	Firm/ Company	
	Lake Placid, FL 33852	Address	
		City/ State and Zip Code	e
kath	y@alliedbuilders.net		
	E-mail address: (to be us	ed for future annual report	notification)
For further information	concerning this matter, pleas	e call:	
Katherine Cook		863	4654400
Name o	of Contact Person		de & Daytime Telephone Number
Enclosed is a check for	r the following amount made p	payable to the Florida Depa	artment of State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divi P.O.	ling Address endment Section sion of Corporations Box 6327 chassee, FL 32314	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle Bassee, FL 32301

Articles of Amendment to

Articles of Incorporation of

FILED

Allied Builders, Inc. (Name of Corporation as currently filed with the Florida Dept. of P03000064623 SECRETARY OF STATE FALLAHASSEE, ELORI (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) to 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." 3 North Main Ave B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Lake Placid, FL 33852 C. Enter new mailing address, if applicable: 3 North Main Ave (Mailing address MAY BE A POST OFFICE BOX) Lake Placid, FL 33852 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: (City) 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

The date of each amendment(s)	May 1, 2013
M	ay 1, 2013
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
☐ The amendment(s) was/were as by the shareholders was/were	opted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval.
	proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):
"The number of votes cas	for the amendment(s) was/were sufficient for approval
by	
· · · · · · · · · · · · · · · · · · ·	(voting group)
action was not required. The amendment(s) was/were as	opted by the board of directors without shareholder action and shareholder opted by the incorporators without shareholder action and shareholder
action was not required.	
May 1, Dated Signature	altrea XIVE
select	hirector, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court ated fiduciary by that fiduciary)
	Katherine Cook
	(Typed or printed name of person signing)
	President
	(Title of person signing)