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TO: Amendment Section Division of Corporations

NAME OF CORPO	ORATION: MEARS CONTR.	ACTING, INC.			
DOCUMENT NUM	D03000112444				
The enclosed Article	s of Amendment and fee are su	abmitted for filing.			
Please return all corr	espondence concerning this ma	atter to the following:			
	SANDRO SVRDLIN				
		Name of Contact Person	n		
	TAX KING & ACCOUNTING CPA, INC				
		Firm/ Company			
	1000 S BELCHER ROAD, SUITE 4				
	<u>-</u>	Address			
	LARGO, FL 33771				
	City/ State and Zip Code				
	CPATAXKING@GMAIL.C	ЮМ			
		sed for future annual report	notification)		
For further informati	on concerning this matter, plea	se call: at (at	316-1028		
Name of Contact Person		Area Co	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	☐\$43.75 Filing Fee & Certificate of Status	S43.75 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

MEARS CONTRACTING, INC.		
(Name of Corpora	tion as currently filed with the Florida Dept. of State)	
P03000113444		
(Docu	iment Number of Corporation (if known)	
Pursuant to the provisions of section 607,1006, Floridist Articles of Incorporation:	da Statutes, this Florida Profit Corporation adopts the following	amendment(s)
A. If amending name, enter the new name of the	corporation:	
		The new
name must be distinguishable and contain the word "inc.," or Co.," or the designation "Corp," "Inc. "chartered," "professional association," or the abbi	corporation," "company," or "incorporated" or the abbreviation "," or "Co". A professional corporation name must contain	"Coro"
B. Enter new principal office address, if applicab (Principal office address MUST BE A STREET AD		
C. Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE B	<u>OX</u>)	
D. If amending the registered agent and/or registe	ered office address in Florida, enter the name of the	
new registered agent and/or the new registered	1 office address:	
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:	, Florida	
	(City) (Zip Cod	de)
New Registered Agent's Signature, if changing Re	gistored Agent:	N 🖫
I hereby accept the appointment as registered agent.	I am familiar with and accept the obligations of the position.	7 - NOY - 7
		≥ 1
Sign	nature of New Registered Agent, if changing	E SE
Check if applicable		Ç: D

■ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), 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)

Example:

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		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s	
1) Change	VP	Charles Dixon	6625 35TH STREET N #3	
X Add	-		PINELLAS PARK, FL 33781	
Remove				
2) Change	VP	Owen Thomas	6625 35TH STREET N #3	
X Add			PINELLAS PARK, FL 33781	
Remove 3) Change	VP	WILHELMUS VAN CUYLENBUR G		
X Add			6625 35TH STREET N #3	
Remove			PINELLAS PARK, FL 33781	
4) Change		_		
Add				
Remove				
5) Change		-		
Add				
Remove				
6) Change				
Add				
Remove				

Attach additional she	ng additional Arti ets, if necessary).	(Be specific)	_			
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f an amendment pro	vides for an exch	ange, reclassific	ation, or cance	llation of issued	l shares,	
provisions for imple (if not applicable	menting the amer	ndment if not co	ntained in the	amendment itse	elf:	
(у посиррасате	, maicate iv/A)					
						
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The date of each amondment(c) udo	06/01/2021	, if other than the
The date of each amendment(s) add date this document was signed.	ption:	, if oner that the
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 Dep	ck does not meet the applicable statutory filing requirement of State's records.	uirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopaction was not required.	ted by the incorporators, or board of directors withou	it shareholder action and shareholder
☐ The amendment(s) was/were adop by the shareholders was/were suf	ted by the shareholders. The number of votes east folicient for approval.	or the amendment(s)
	oved by the shareholders through voting groups. The ach voting group entitled to vote separately on the ac	
"The number of votes cast f	or the amendment(s) was/were sufficient for approva	I
by	(voting group)	
Dated 6	<u> </u>	
Signature	my for	
selected	ector, president or other officer – if directors or office by an incorporator – if in the hands of a receiver, tru d fiduciary by that fiduciary)	
	ALEXANDER PEACOCK	
-	(Typed or printed name of person signing)	
:	SECRETARY	
-	(Title of person signing)	- .