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COVER LETTER

TO: Amendment Section
Division of Corporations

	AATION: JONATHO		ONRY,INC.
DOCUMENT NUME	PO3000115	047	
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	JONATHON LA	\PP	
•		Name of Contact Person	1
	JONATHON LA	APP MASONR	Y, INC.
•		Firm/ Company	
	3927 ETON PL		
•		Address	
	SARASOTA,FL	34241	
•		City/ State and Zip Code	2
mla	app1@verizon.r	net	
		sed for future annual report	notification)
			,
For further information	concerning this matter, pleas	se call:	
JONATHON	I LAPP	at(941	377-4639
Name o	of Contact Person		de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	ertment 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)
<u>Mail</u>	ing Address	Street	Address
	ndment Section	Amendment Section	
	Sion of Corporations	Division of Corporations	
	Box 6327 hassee, FL 32314		Building xecutive Center Circle
1 4112	niu0300, 1 <i>D J2J</i> 17		issee, FL 32301

Articles of Amendment to Articles of Incorporation

JONATHON LAPP MASONRY, INC.

(Name of Corporation as curren	tly filed with the Flor	ida Dept. of State)	
PO3000115047			
(Document Numb	er of Corporation (if k	nown)	
Pursuant to the provisions of section 607.1006, Fl its Articles of Incorporation:	lorida Statutes, this <i>Fla</i>	orida Profit Corporation adopts the	ne following amendment
A. If amending name, enter the new name of ti	he corporation:	NIA	The new
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "Cword "chartered," "professional association," or	Corp," "Inc," or "Co	". A professional corporation n	or the abbreviation
B. Enter new principal office address, if applic (Principal office address MUST BE A STREET)			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u>E BOX</u>)	MA	
D. If amending the registered agent and/or reg new registered agent and/or the new register		s in Florida, enter the name of t	he
Name of New Registered Agent			
New Registered Office Address:	(Florida street (City)	/	p Code)
New Registered Agent's Signature, if changing I hereby accept the appointment as registered age		and accept the obligations of the	e position.
Signature o	of New Registered Age	nt, 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.

Example: 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)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	V	JORDAN BLAKE WEAVER	3910 ETON PL.
Add			SARASOTA,FL
X Remove		1	34241
2) Change		_ W A	2.00.000
Add		. /	
Remove		Λ	
3) Change		N_A	
Add			
Remove		ı	
4) Change		NA	
Add			
Remove			
5) Change		- W/A	
Add		(
Remove		}	
6) Change		- N/a	
Add		ľ	
Remove			· · · · · · · · · · · · · · · · · · ·

tach additional sheets, if necessary).	ticles, enter change(s) here: (Be specific)
	
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•	
n amandment provides for an aval	change, reclassification, or cancellation of issued shares,
ovisions for implementing the ame (if not applicable, indicate N/A)	endment if not contained in the amendment itself:
(g nor approvate, maioric maiori	
	
	į.
	1/10
	N/A
	NA
	NA

The date of each amendment	(s) adoption: SEPTEMBER1,2012
Effective date <u>if applicable</u> :	OCTOBER 1,2012
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
■ The amendment(s) was/wer by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.
	re approved by the shareholders through voting groups. The following statement ad for each voting group entitled to vote separately on the amendment(s):
"The number of votes	cast for the amendment(s) was/were sufficient for approval (voting group)
	(voting group)
The amendment(s) was/wer action was not required.	re adopted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/wer action was not required.	e adopted by the incorporators without shareholder action and shareholder
Dated SE	PT.27,2012
Signature(B	y adirector, president or other officer – if directors or officers have not been elected, by an incorporator – if in the hands of a receiver, trustee, or other court
	pointed fiduciary by that fiduciary)
	JONATHON LAPP
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)