P03000124962

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5/25/21

COVER LETTER

TO: Amendment Section Division of Corporations	•	
NAME OF CORPORATION: MCDOLE CONST	TRUCTION CORP	
DOCUMENT NUMBER: P03000124962		
The enclosed Articles of Amendment and fee are sul	bmitted for filing.	
Please return all correspondence concerning this man	tter to the following:	
MICHAEL MCDOL		
	Name of Contact Person	
MCDOLE CONSTRUCTION	N CORP	
	Firm/ Company	
1950 LEGHORN STREET	гини Сопрану	
	Address	
LEHIGH ACRES FL 33972		
_ 	City/ State and Zip Code	
TOXICHVD@YAHOO.COM	М	
E-mail address: (to be us	sed for future annual report notification)	
For further information concerning this matter, please	se call:	
DEBRA VOSS/NATIONAL TAX & FINANCIAL	SERVICE at () 495-0381	
Name of Contact Person	Area Code & Daytime Telephone Number	ſ
Enclosed is a check for the following amount made	payable to the Florida Department of State:	
■ \$35 Filing Fee	-	
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

MCDOLE CONSTRUCTION CORP.

(Name of Corporation	as currently filed with the Florida Dept.	of State)
P03000124962		
(Documen	nt Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Stits Articles of Incorporation:	tatutes, this Florida Profit Corporation add	opts the following amendment(s) to
A. If amending name, enter the new name of the corp	poration:	
		The new
name must be distinguishable and contain the word "corp "Inc.," or Co.," or the designation "Corp," "Inc," o "chartered," "professional association," or the abbrevio	or "Co". A professional corporation na	or the abbreviation "Corp.," ime must contain the word
B. Enter new principal office address, if applicable:		
(Principal office address MUST BE A STREET ADDR	ESS)	
	·	
C. Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		-
D. If amending the registered agent and/or registered new registered agent and/or the new registered of	d office address in Florida, enter the nan	ne of the
new registered agent and/or the new registered of	inc address.	
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Regist	tered Apent:	
I hereby accept the appointment as registered agent. I de-	am familiar with and accept the obligation	s of the position.
Cimare	ure of New Registered Agent, if changing	
Signati	are by them regimered tigeta, if changing	

Check if applicable

^[] The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), 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 = Vicc 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> <u>Jo</u>	ohn Doe	
X Remove	<u>v</u> <u>N</u>	<u> Aike Jones</u>	
_X Add	<u>sv</u> <u>s</u>	ally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change	PST	MICHAEL MCDOLE	1950 LEGHORN STREET
Add			LEHIGH ACRES FL 33972
Remove	V	RICHARD MCDOLE	28862 WINTHROP CIRCLE
2) X Change	<u> </u>	THE WHAT THE STATE OF THE STATE	BONITA SPRINGS FL 34134
Add			BONITA STRINGS TE 34134
Remove 3) Change	·· ·		
Add			
Remove			
4) Change			
Add			
Remove			
51 Change			
Add			
Remove			
6) Change			
Add			
Remove			

	ary). (Be specific)			
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The date of each amendment(s) a	doption:	, if other than the
late this document was signed.		
	BRUARY 4 2021	
Mective date <u>if applicable</u> :	(no more than 90 days after amendment file dat	e)
ote: If the date inserted in this bocument's effective date on the Do	lock does not meet the applicable statutory filing requirement of State's records.	nts, this date will not be listed as t
doption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were add action was not required.	opted by the incorporators, or board of directors without share	holder action and shareholder
The amendment(s) was/were add by the shareholders was/were so	opted by the shareholders. The number of votes east for the artificient for approval.	mendment(s)
must be separately provided for	proved by the shareholders through voting groups. The follow each voting group entitled to vote separately on the amendment	ring statement ent(s):
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	,,	
	(voting group)	
FEBRUAI	2 V 4 2021	
Dated		
	120	
Signature		
selecte	irector, president or other officer—if directors or officers haved, by an incorporator—if in the hands of a receiver, trustee, or	
аррол	ted fiduciary by that fiduciary)	
	MICHAEL MCDOLE	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	