P0300013483

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And

AUG 18 2015

R. WHITE

TALLAHASSEF ET FORTS

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	PRATION:		
DOCUMENT NUM			
The enclosed Article	s of Amendment and fee are su	bmitted for filing.	
Please return all corr	espondence concerning this ma	tter to the following:	
	Karen Cordle		
		Name of Contact Person	1
	Cordle Masonry Incorporated	d	
		Firm/ Company	
	83121 Saint Mark Drive		
		Address	
	Yulee, FL 32097		
		City/ State and Zip Cod	2
Cor	dle-Masonry@hotmail.com		
		sed for future annual report	notification)
	(,	,
For further informati	on concerning this matter, pleas	se call:	
Karen Cordle		at (753-2280
Name	e of Contact Person	at (at (de & Daytime Telephone Number
	for the following amount made		•
	.		
\$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>M</u>	ailing Address	Street	Address
	nendment Section		ment Section
	vision of Corporations		on of Corporations
	D. Box 6327 llahassee, FL 32314		Building xecutive Center Circle
1 8	1141143366, FL J&J 14	2001 E	ACCULATE CHILL

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

15 AUG 17 AMIG: 35

to

		_
(Name o	f Corporation as current	ly filed with the Florida Dept, of State)
P03000134853		TALLAHASSEE, FLORIDA
	(Document Number of	of Corporation (if known)
tursuant to the provisions of section 607.1 as Articles of Incorporation:	006, Florida Statutes, this	Florida Profit Corporation adopts the following amendmen
. If amending name, enter the new na	me of the corporation:	
N/A		The new
	ation "Corp," "Inc," or	on," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the
Enter new principal office address i	f applicable:	N/A
 Enter new principal office address, i Principal office address <u>MUST BE A ST</u> 		
C. Enter new mailing address, if applic (Mailing address MAY BE A POST O		N/A
(maung duiress MAT BE AT OST C	TTICE BOX)	
). If amending the registered agent and new registered agent and/or the new	registered office addres	
new registered agent and/or the new	registered office addres N/A	<u>s:</u>
new registered agent and/or the new Name of New Registered Agent	registered office addres N/A (Florida st	
new registered agent and/or the new Name of New Registered Agent	registered office addres N/A	<u>s:</u>

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 <math>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)	Title	<u>Name</u>	Address
1) Change	<u>v</u>	Michelle L Cordle	83121 Saint Mark Drive
X Add			Yulee, FL 32097
Remove			* ************************************
2) Change	s	Karen S Cordle	93410 Summer Breeze Drive
X Add			Fernandina Beach, FL 32034
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			***************************************
Remove			
5) Change			
Add			
Remove			
ttollove			en e
6) Change			
Add			
Remove			

. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)	
N/A	
, , , , , , , , , , , , , , , , , , , ,	
,	
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If an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:
· · · · · · · · · · · · · · · · · · ·	

	N/A
he date of each amendment(s) add	option:, if other than t
te this document was signed.	
N/A	
fective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
	(no more than 90 days after amendment file dale)
ote: If the date inserted in this blocument's effective date on the Dep	ock does not meet the applicable statutory filing requirements, this date will not be listed as the artment of State's records.
doption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were adop by the shareholders was/were suff	oted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.
	oved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):
"The number of votes cast for	or the amendment(s) was/were sufficient for approval
N/A	11
Dy	(voting group)
	(voing group)
The amendment(s) was/were adoption was not required.	oted by the board of directors without shareholder action and shareholder
The amendment(s) was/were adopt action was not required.	sted by the incorporators without shareholder action and shareholder
Dated f-/	7-2015
Signature 2	la Cuella
USV a dir	ector, president or other officer – if directors or officers have not been
	by an incorporator – if in the hands of a receiver, trustee, or other court
	d fiduciary by that fiduciary)
;	Joshua Cordle
-	(Typed or printed name of person signing)
1	President
-	(Title of person signing)