P03000145897

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	· #)
·		
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
ſDo	cument Number)	
,	,	
Certified Copies	Certificates	of Status
Certified Copies	_ Octanicates	01 018183
Special Instructions to	Filing Officer:	
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: HB Contracting, In	c.	
DOCUMENT NUMB			
The enclosed Articles	of Amendment and fee are sub	omitted for filing.	
Please return all corres	pondence concerning this mat	ter to the following:	
	Henry Busjahn		
•		Name of Contact Person	
	HB Contracting, Inc.		
•		Firm/ Company	
	1710 SW Wacahoota Road		
•	-	Address	
	Micanopy, FL 32667		
		City/ State and Zip Code	
	hbusjahn@gmail.com		
		ed for future annual report	notification)
For further information	n concerning this matter, pleas		
Henry Busjahn		at (352) 222-6670
Name o	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made	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)
Amo Divi P.O.	ling Address endment Section sion of Corporations Box 6327 ahassee, FL 32314	Amend Division The C 2415 t	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assec, FL 32303

Articles of Amendment to Articles of Incorporation

to
cles of Incorporation
of

FILED

HB Contracting, Inc.	2024 APR _ 1 _ 2
(Name of Corpo	ration as currently filed with the Florida Dept. of State) PH 3: 34
P03000145897	The Control of State
(Do	ocument Number of Corporation (if known)
ts Articles of Incorporation:	orida Statutes, this Florida Profit Corporation adopts the following amendment(
A. If amending name, enter the new name of the	he corporation: NA
name must be distinguishable and contain the word Inc.," or Co.," or the designation "Corp," " chartered," "professional association," or the a	The new d'"corporation," "company," or "incorporated" or the abbreviation "Corp.," Inc," or "Co". A professional corporation name must contain the word bbreviation "P.A."
3. Enter new principal office address, if applic Principal office address <u>MUST BE A STREET</u>	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE) D. If amending the registered agent and/or reg	EBOX)
new registered agent and/or the new registe	
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	. Florida
New Negativita Office / Marious.	(City) (Zip Code)
dew Registered Agent's Signature, if changing hereby accept the appointment as registered age	Registered Agent: nt. I am familiar with and accept the obligations of the position.
	Signature of New Registered Agent, if changing
Check if applicable The amendment(s) is/are being filed pursuant t	o 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 = 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 Doc	
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	Carl Busjahn	13417 E County Road 1474
X Add			Gainesville, FL 32641
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

amending or adding additional Articular ttach additional sheets, if necessary).	(Be specific)
-	
•	
an amendment provides for an exch	ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:
rovisions for implementing the amer (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
(g not approache, marcare (mi)	
	···

The date of each amendment(s	adoption:	, if other than the
late this document was signed.		•
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in thi document's effective date on the	s block does not meet the applicable statutory filing requirements, Department of State's records.	this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors without sharehold	ler action and shareholder
☐ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes east for the amend sufficient for approval.	dment(s)
The amendment(s) was/were must be separately provided	approved by the shareholders through voting groups. The following for each voting group entitled to vote separately on the amendments.	statement s):
"The number of votes of	ast for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
Dated March 2	7, 2024	
Signature	Henry Bustalm	
sele	a director, president or other officer – if directors or officers have no eted, by an incorporator – if in the hands of a receiver, trustee, or oth pinted fiduciary by that fiduciary)	t been eer court
	Henry Busjahn	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	