## P03000152628

| (Requestor's Name)                      |   |  |  |
|---|---|--|--|
|   |   |  |  |
|   |   |  |  |
| (Address)                               |   |  |  |
|   |   |  |  |
| (Address)                               | _ |  |  |
| ` ,                                     |   |  |  |
| (0), (0), (7), (7)                      |   |  |  |
| (City/State/Zip/Phone #)                |   |  |  |
| PICK-UP WAIT MAIL                       |   |  |  |
|   |   |  |  |
| (Business Entity Name)                  | _ |  |  |
| (Business Emily Warne)                  |   |  |  |
|   |   |  |  |
| (Document Number)                       |   |  |  |
|   |   |  |  |
| Certified Copies Certificates of Status | _ |  |  |
|   |   |  |  |
|   | ٦ |  |  |
| Special Instructions to Filing Officer: | ı |  |  |
|   | ı |  |  |
|   |   |  |  |
|   |   |  |  |
|   | ı |  |  |
|   | ١ |  |  |
|   |   |  |  |
|   | ╝ |  |  |

Office Use Only



100208426381



mydon

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

| NAME OF CORP   | AME OF CORPORATION: RiehleConstruction, Inc.  OCUMENT NUMBER: P03000152628 |  |           |  |   |
|--|--|--|-----------|--|---|
| DOCUMENT NU  |  |  |           |  |   |
| The enclosed Artica  | les of Amendment and fee a   | re submitted for filing.   |           |  |   |
| Please return all co   | rrespondence concerning thi  | s matter to the following:   |           |  |   |
| ~  | N  | James F Riehle ame of Contact Person   |           |  |   |
|  |  | ano or contact roton   |           |  |   |
| _  | Riel   | nle Construction, Inc  |           |  |   |
| Firm/ Company  |  |  |           |  |   |
| _  | 1903 WL Carroll Ln   |  |           |  |   |
|  | Address  |  |           |  |   |
| Ponce De Leon, FL 32455  City/ State and Zip Code  |  |  |           |  |   |
|  |  |  |           |  | jfriehle@<br>E-mail address: (to be use |
| For further informa  | tion concerning this matter,   | please call:   |           |  |   |
| Ja   | ames F Riehle  | at ( <u>850</u> ) <u>956-4444</u>  |           |  |   |
| Name   | of Contact Person  | Area Code & Daytime Telephone Number   |           |  |   |
| Enclosed is a check  | for the following amount m   | ade payable to the Florida Department of State:  |           |  |   |
|  | ☐ \$43.75 Filing Fee & Certificate of Status                               | S43.75 Filing Fee & S52.50 Filing Fee Certified Copy (Additional copy is enclosed)  Certified Copy (Additional Copy is enclosed) | enclosed) |  |   |
| Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 |  | Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle                          |           |  |   |

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

|   | onstruction,              |   | <del></del>        |  |
|---|---------------------------|---|--------------------|--|
| (Name of Corporation as curr  | ently filed with          | the Florida Dept. o                             | f State)           |  |
| P03   | 3000152628                |   |                    |  |
|   | mber of Corporat          |   |                    |  |
| Pursuant to the provisions of section 607.100 amendment(s) to its Articles of Incorporation:  | 06, Florida Statu         | tes, this <i>Florida Pr</i>                     | ofit Corporation : | adopts the following                       |
| A. If amending name, enter the new name of  | of the corporatio         | n:  |                    |  |
|   | N/A                       |   |                    | The new                                    |
| name must be distinguishable and contain abbreviation "Corp.," "Inc.," or Co.," or the name must contain the word "chartered," "pr                                  | e designation "C          | 'orp," "Inc," or "C                             | o". A professiona  | ated" or the<br>al corporation             |
| B. Enter new principal office address, if ap  | plicable:                 | N/A   |                    |  |
| (Principal office address <u>MUST BE A STREI</u>  | ET ADDRESS )              |   |                    | ĝs.  |
| C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF)  D. If amending the registered agent and/or new registered agent and/or the new reg | CE BOX) registered office | dress:  | , enter the name   | FILED 11 JUN -8 AH 9: 55 ALLANASSE FLORIDA |
| Name of New Registered Agent:   | James F Rie               | hle   | <del></del>        |  |
| New Registered Office Address:  | 1903 WL Ca                | rroll Ln<br>ida street address)                 |                    |  |
|   | Ponce De Le               | on  | , Florida_32       | 455  |
|   | (City)                    |   | (Zip Code)         |  |
| New Registered Agent's Signature, if chang I hereby accept the appointment as registered  | agent. AI am fam<br>Simel | gent: iliar with and accept Registered Agent, i | 100                | f the position.                            |

## 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)

| <u>Title</u> | <u>Name</u>  | Address                                       | Type of Action    |
|--------------|--|---|-------------------|
| sec/tre      | Francine Riehle  | 1903 WL Carroll Ln<br>Ponce De Leon. FL 32455 | ☐ Add<br>☑ Remove |
| <del></del>  |  |   | ☐ Add<br>☐ Remove |
|              |  |   | ☐ Add<br>☐ Remove |
|              | g or adding additional Articles, enter clional sheets, if necessary). (Be specific |   |                   |
| F If an aman | dment provides for an exchange, recla  | esification or cancellation of iss            | ued shares        |
| provisions   | for implementing the amendment if no applicable, indicate N/A)                     |   |                   |
| Shares trans | ferred to James F Riehle - Preside   | ent/Director                                  |                   |
|              |  |   |                   |
|              |  |   | <del>,</del>      |
|              |  |   |                   |
|              |  |   |                   |

| The date of each amendmen                         | t(s) adoption: <u>6</u> | 6/6/2011  |
|---|-------------------------|---|
| Effective date <u>if applicable</u> :             | 6/6/2011                | (date of adoption is required)  |
| <del> </del>                                      | (no more than           | 90 days after amendment file date)  |
| Adoption of Amendment(s)                          | Œ                       | HECK ONE)   |
| The amendment(s) was/we by the shareholders was/w |                         | ne shareholders. The number of votes cast for the amendment(s) r approval.  |
|   |                         | the shareholders through voting groups. The following statemen ag group entitled to vote separately on the amendment(s):                              |
| "The number of votes                              | cast for the ame        | endment(s) was/were sufficient for approval   |
| by  | <del></del>             | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,   |
|   | (voting group)          |   |
| The amendment(s) was/we action was not required.  | ere adopted by th       | ne board of directors without shareholder action and shareholder  |
| The amendment(s) was/we action was not required.  | ere adopted by th       | ne incorporators without shareholder action and shareholder   |
| Dated_6/5/  | 2011                    | A. Rudb   |
| (By<br>sel  | geled, by an inco       | ident or other officer – if directors or officers have not been orporator – if in the hands of a receiver, trustee, or other court by that fiduciary) |
|   |                         | James F Riehle  |
|   | (T                      | yped or printed name of person signing)   |
|   |                         | President/Director  |
|   | (Title                  | of person signing)  |