

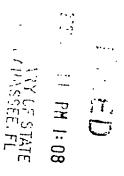
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07/11/24

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: Two Laines Construction Inc  DOCUMENT NUMBER: P03000154239  The enclosed Articles of Amendment and fee are submitted for fi	-		_		
	-				
	llowing:				
Please return all correspondence concerning this matter to the following					
Laine A. Drawdy Sr.					
Name of C	Contact Pers	son			
Two Laines Construction Inc					
Firm/	Сопрапу				
P.O. Box 15099					
A	ddress	<del>.</del> .	<del>.</del> .	, ij.	
Fort Pierce Fl 34979			<u>Éir</u>	, _	
City/ State	e and Zip Co	ode	3		
LADSCADECIDELL SOUTH NET			뜻것		
LADSCAPE@BELLSOUTH.NET			_ 쏬유	P	1
E-mail address: (to be used for future	аппиат герс	ort notification)		-i-	1
For further information concerning this matter, please call:			FLE	PM 1:08	
Laine A. Drawdy Sr.	1 ( <u>772</u>	4650180			
Name of Contact Person	Area (	Code & Daytime Telephone N	Number	-	
Enclosed is a check for the following amount made payable to the	e Florida De	epartment of State:			
Certificate of Status Certified	nal copy is	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)			
Mailing Address  Amendment Section  Division of Corporations  P.O. Box 6327	Ame Divi:	et Address endment Section sion of Corporations Centre of Tallahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

(Name of Corporation as currer	tiv filed with the Florida Dent.	of State)	
03000154239		or blace,	
(Document Number	of Corporation (if known)	<del> </del>	
ursuant to the provisions of section 607.1006, Florida Statutes, the s Articles of Incorporation:	is Florida Profit Corporation ado	opts the following a	nmendment(s)
. If amending name, enter the new name of the corporation:			_
ame must be distinguishable and contain the word "corporation," Inc.," or Co.," or the designation "Corp," "Inc," or "Co".		r the abbreviation	
chartered," "professional association," or the abbreviation "P.A	." 7507 Ocala Ave.		
B. Enter new principal office address, if applicable:  Principal office address MUST BE A STREET ADDRESS )	Fort pierce Fl 34951	72	7071
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	P.O. Box 15099	ASSE	D (**)
	Fort Pierce FI 34979	STATE	<del></del>
D. If amending the registered agent and/or registered office adnew registered agent and/or the new registered office address  Name of New Registered Agent		e of the	
	street address)	Elorido	
New Registered Office Address:, Florida, Florida		(Zip Coe	ie)
lew Registered Agent's Signature, if changing Registered Age hereby accept the appointment as registered agent. I am familia		of the position.	
Signature of New	Registered Agent, if changing	<del></del>	
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 = 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 Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	P	Laine A. Drawdy sr.	P.O. Bx 15099
Add			Fort Pierce Fl 34979
x Remove			
2) Change	P	Laine A.Drawdy Jr.	P.O. Box 15099
Add			Fort Pierce Fl 34979
Remove 3) Remove			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change		<del></del>	
Add			ASS
Remove			SEE'S PH
6) Change			: 08 FLE
Add			
Remove			

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change, reclassification in the contact in the cont	on, or cancellatio ined in the amen	n of issued share dment itself:	<u>5,</u>		
	<del>,</del>	<del> </del>			
	• • •	<u>-</u>			
					-
		•	• •		—
	change, reclassification	change, reclassification, or cancellationendment if not contained in the amen		Change, reclassification, or cancellation of issued shares.	Change, reclassification, or cancellation of issued shares.

July 1, 2024	
The date of each amendment(s) adoption: date this document was signed.	, if other than the
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will necessarily document's effective date on the Department of State's records.	ot be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shaction was not required.	areholder
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided 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	
by"  (voting group)	_
Signature  (By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other courts appointed fiduciary by that fiduciary)  Laine A.Drawdy Sr.	
(Typed or printed name of person signing)	
President	
(Title of person signing)	<del></del>