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TALLAHASSECELEL

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOI	RATION: G & A STUCCO &	& WIRE LATHE CORPOR	ATION
DOCUMENT NUMI			
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	Maria T. Aviles		
		Name of Contact Person	
	G & A Stucco & Wire Lath		
		Firm/ Company	_
	4228 OLD US HWY 41 S		
		Address	
	Sun City, FL 33586		
		City/ State and Zip Code	<u> </u>
ganda	astucco1@gmail.com		
	- -	sed for future annual report	notification)
			,
For further information	n concerning this matter, pleas	se call:	
Maria T. Aviles		at () 6455838 de & Daytime Telephone Number
Name (of Contact Person	Area Coo	de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	rtment of State:
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 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	Amendi Division Clifton 2661 E:	Address ment Section n of Corporations Building xecutive Center Circle ssee, FL 32301

Articles of Amendment Articles of Incorporation \mathbf{of}

G & A Stucco & Wire Lath

(<u>Name c</u>	f Corporation as currently filed	l with the Florida Dept	(. of State)
P04000016524			
	(Document Number of Corp	oration (if known)	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this <i>Florid</i>	la Profit Corporation ac	lopts the following amendmen
A. If amending name, enter the new na	me of the corporation:		
			The new
name must be distinguishable and com "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or "Co".	A professional corpora	
B. Enter new principal office address,	if applicable:		
(Principal office address <u>MUST BE A S</u>	TREET ADDRESS)		
C. Enter new mailing address, if appli (Mailing address MAY BE A POST of			SECRETARY SECRET
D. If amounting the section of second		Pl	
D. If amending the registered agent an new registered agent and/or the new		<u>i riorida, enter the nan</u>	10 me
Name of New Registered Agent	Jose G. Mendiola Jr.		
	4228 OLD US HWY 41 S		
	(Florida street ada	dress)	
	Sun City		33586
New Registered Office Address:			. Florida

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name 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 = Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each hold. 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. The 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, V as Remove, and Sally Smith, SV as an Add.

Example: XChange	<u>PT</u>	John Do	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	<u>nes</u>	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
1) Change	D	_	Erasto Garcia	4228 OLD US HWY 41 S
Add				Sun City, FL 33586
X Remove				
2) Change	PD	_	Jose G. Mendiola Jr.	4228 OLD US HWY 41 S
X Add				Sun City, FL 33586
Remove				
3) Change		_		
Add				<u></u>
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add		•		
Remove				

Attach <i>addi</i>	tional sheets, i	if necessary).	les, enter chan (Be specific)				
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		<u> </u>				- .	
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		-					
-					<u>- </u>		
fun amanc	dmant neovide	ac for an as abo	inge, reclassific	ontine or same	allasiam afiga	ad abarra	
provisions	for implemen	iting the amen	dment if not co	ntained in the	amendment it	self:	
(if not	applicable, inc	dicate N/A)					
							_
							
			-				
			<u>. </u>				
				. <u>.</u>	<u>-</u>		

The date of each amendment(s) addate this document was signed.	option:	, if other tha
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this b document's effective date on the De	ock does not meet the applicable statutory filing requirements, this date vocartment of State's records.	will not be listed a
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were ado by the shareholders was/were sufficiently.	pted by the shareholders. The number of votes east for the amendment(s) ficient for approval.	
	roved 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 the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
☐ The amendment(s) was/were ado action was not required.	pted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were ado action was not required.	pted by the incorporators without shareholder action and shareholder	
06/01/2019 Dated		
Signature		
(By a di selected	rector, 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 ed fiduciary by that fiduciary)	
	Erasto Garcia	
•	(Typed or printed name of person signing)	
	Director	
•	(Title of person signing)	