## PO4000055435

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## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORP	ORATION: Monzon Crane As	ssociates INC	
DOCUMENT NU	DOMOGOGEASE		
The enclosed Articl	es of Amendment and fee are si	ubmitted for filing.	
Please return all cor	respondence concerning this ma	atter to the following:	
	Henry Monzon		
		Name of Contact Perso	n
	Monzon Crane Associates IN	4C	
		Firm/ Company	
	19151 Flag DR	This company	
		Address	
	Miami Florida 33157		
		City/ State and Zip Cod	e
	monzonaimee@yahoo.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further informat	ion concerning this matter, plea	se call:	
Henry Monzon		305 at (	321-5114
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check	for the following amount made	payable to the Florida Dep	artment of State:
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ar Di P.0	neiling Address mendment Section vision of Corporations D. Box 6327 llahassee, FL 32314	Amend Divisio The Co	Address ment Section n of Corporations entre of Tallahassee J. Monroe Street, Suite 810

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

PILED 2022 FEB 28 PM 12 OU

Monzon Crane Associates INC (Name of Corporation as currently filed with the Florida Dept. of State P04000055435 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A. B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: , Florida (Ciry) (Zip Code) 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.

Signature of New Registered Agent, if changing

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)

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.

Example: 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>	Address
1) Change	0	Jonathan Circr	19151 Flag DR
Add			Miami Florida 33157
X Remove			
2) Change			
Add			
Remove Change			
Add			
Remove			<del></del>
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	essary). (Be specific)			
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If an amendment provides for a	an exchange, reclassificati	on, or cancellation of is	sued shares,	
provisions for implementing the	be amendment if not cont:	ained in the amendmen	t itself:	
(if not applicable, indicate?	V/A)			
onzon, Henry 90 % shares				
rer. Jonathan 5 % shares			<u> </u>	
				·····-
uzurique, Yuniesky 5% shares				
			<del></del>	<del></del>
<del></del>	- <del></del>			

	adoption:	, if other than the
date this document was signed.	VP 1/P 1/P	
02 Effective date <u>if applicable</u> :	/24/2022	
metre date ir appreade.	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the	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 a action was not required.	dopted by the incorporators, or board of directors without sharehold	der action and shareholder
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes east for the amen sufficient for approval.	dment(s)
	pproved by the shareholders through voting groups. The following or each voting group entitled to vote separately on the amendments.	
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
02/24/201 Dated	22 	
Signature		
selec	director, president or other officer – if directors or officers have no ted, by an incorporator – if in the hands of a receiver, trustee, or oth inted fiduciary by that fiduciary)	
	Henry Monzon	
	(Typed or printed name of person signing)	**************************************
	President	
	(Title of person signing)	<del></del>