## P0400133238

(Re	equestor's Name)	<del></del>
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
	<del></del>	

Office Use Only



100320104971

10/23/18-+01016-+010 \*\*\$2.50

LUNCTARY OF STATE

018 OCT 23 PK 2: 1

18 OCT 23 PM

OCT 2 3 2018

## COVER LETTER

TO: Amendment Section Division of Corporations

•

NAME OF CORPOR	ATION:Masonry Incor	porated		
DOCUMENT NUMB	ER:P04000133238			
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.		
Please return all corresp	oondence concerning this ma	tter to the following:		
	Michael Hettinger			
-		Name of Contact Person		
į	Masonry Incorporated			
_		Firm/ Company	<del></del>	
	703 E Tennessee Street			
-	Address			
	Tallahassee/Florida 32308			
-		City/ State and Zip Code		
	mikeh.abc@comcast.net			
	E-mail address: (to be us	sed for future annual report	notification)	
For further information	concerning this matter, pleas	se call:		
Michael Hettinger		at (		
Name o	f Contact Person	Area Coo	le & Daytime Telephone Number	
Enclosed is a check for	the following amount made	payable to the Florida Depa	rtment 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)	
Amer Divis P.O.	ing Address idment Section ion of Corporations Box 6327 hassee, FL 32314	Amendi Division Clifton	Address ment Section n of Corporations Building kecutive Center Circle	

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

FILED

2018 OCT 23 PM 2:49

Masonry Incorporated	MOSTACIA AN SELEC
(Name of Corporat	tion as currently filed with the Florida Dept. of State HASSEE, FLORID
P04000133238	
(Docu	ment Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Floric ts Articles of Incorporation:	da Statutes, this Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the c	corporation:
NA	The new
name must be distinguishable and contain the wo "Corp.," "Inc.," or Co.," or the designation "Corp word "chartered," "professional association," or the	ord "corporation," "company," or "incorporated" or the abbreviation p." "Inc," or "Co". A professional corporation name must contain the
3. Enter new principal office address, if applicabl	NA NA
Principal office address MUST BE A STREET AD	
C. Poten and a siting address if anoticables	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	OX)
	_
). If amending the registered agent and/or registe	ered office address in Florida, enter the name of the
new registered agent and/or the new registered	
Name of New Registered Agent NA	
Hant by New Registered Agent	
	(Florida street address)
	The street and constant
New Registered Office Address:	(City), Florida (Zip Code)
	(City) (Zip Code)
New Registered Agent's Signature, if changing Re	vistered Avent:
hereby accept the appointment as registered agent.	I am familiar with and accept the obligations of the position.
Sign	nature of New Registered Agent if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, an 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 = Chie Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each offic 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>	<u>Addres</u> s	
1) X Change	PTD	Michael Hettinger	703 E. Tennseessee Street	
Add			Tallahassee, Florida 32308	
Remove				
2) Change	<u>s</u>	Strannon Wiggins	703 E. Tennessee Street	
XAdd			Tallahassee, Florida 32308	
Remove				
3 ) Change	<u> </u>	James Magee	703 E. Tennessee Street	
Add			Tallahassee, Florida 32308	
X Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

E. If amending or additional s	ding additional Articles sheets, if necessary). (B	<u>, enter change(s) here</u> Be specific)	<u>:</u> :		
NA	•	• •			
***			w. <del>-</del>		
					_
				-	
<u>-</u>					<u> </u>
				<del> </del>	<del></del>
					<del> </del>
		,			
	<del></del>		<del>-</del>		
<del></del>			_		
F. If an amendment provisions for im	provides for an exchang plementing the amendn	e, reclassification, or neut if not contained i	cancellation of issues the amendment it	<u>ed shares,</u> self:	
(if not applica	ıble, indicate N/A)			<u></u>	
NA					
				<del></del>	
		<del></del>			· · ·
		<del>-</del>			
		·. · · · ·		•	

	NA	
The date of each amendment(s) a	doption:	_, if other than th
date this document was signed.		
Effective date <u>if applicable</u> :	(19/18	
Ellective date it applicable.	(no more than 90 days after amendment file date)	<del></del>
<b>Note:</b> If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, this date will epartment of State's records.	not be listed as th
Adoption of Amendment(s)	( <u>CHECK_ONE</u> )	
☐ The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes east for the amendment(s) ufficient for approval.	
	proved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s):	
"The number of votes cas	t for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
action was not required.	opted by the board of directors without shareholder action and shareholder opted by the incorporators without shareholder action and shareholder	
action was not required.		
10/23/18		
Dated Signature	VIL W	_
selecti	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court need fiduciary by that fiduciary)	
	Michael Hettinger	
	(Typed or printed name of person signing)	<del></del>
	President	
	(Title of person signing)	