## 904000162030

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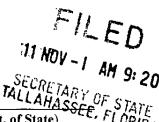
## **COVER LETTER**

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: PJ'S CONTRACTORS, INC DOCUMENT NUMBER: P04000162030 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: ANGEL GONZALEZ Name of Contact Person PJ'S CONTRACTORS, INC. Firm/ Company 13900 CR 455 #107 Address CLERMONT, FL 34711 City/ State and Zip Code NOWLATTER69@AOL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (407 Area Code & Daytime Telephone Number ANGEL GONZALEZ Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: **▼** \$35 Filing Fee \$43.75 Filing Fee & \$43.75 Filing Fee & . \$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status Certified Copy (Additional copy is (Additional Copy enclosed) is enclosed) **Mailing Address** Street Address **Amendment Section** Amendment Section . **Division of Corporations Division of Corporations** P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

## **Articles of Amendment** to **Articles of Incorporation** of



PJ'S CONTRACTORS, INC.

$\alpha$	Vame	of Corporation	as currently	filed with	the Florida	Dept. of State)	٠,

P04000162030 (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:

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	iter the hame of th
	_
(Florida street address)	
	, Florida
(City)	, i londa (Zip Cod

the

Signature of New Registered Agent, if changing

If AMENDING the Officers and/or Directors, please list all officers/directors of the corporation as you now want the record to be. Please indicate the title(s), name and address for each officer/director.

(Our database can index up to 6 officers/directors. If you have more than 6 officers/directors, please list them on an additional sheet.)

Title(s)	Name		Address
1)		<del></del> -	<u>.</u>
2)		<u> </u>	
3)		· -	
4)		_	
5)			
6)		<u>-</u>	
If REMOVING an of removed:	ficer and/or director, please	list the titl	e(s) and name of the officer/director to be
Title(s)	<u>Name</u>	Title(s)	<u>Name</u>
1) <u>D,VP</u>	JOSE CASTRO	4)	
2) T,S	JOSE CASTRO	5)	
3)		6)	

(attach	h additional sheets, if necess	ary). (Be spe	cific)		
**					
				E1 111 1	
prov	amendment provides for a isions for implementing the if not applicable, indicate N	e amendment i			
	***		<u>-</u>		
<u></u>				<del></del>	

•	The date of each amendmen	t(s) adoption: 11/01/2011	
	Effective date if applicable:	11/01/2011	
		(no more than 90 days after amendment file date)	
	Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
	The amendment(s) was/we by the shareholders was/w	ere adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.	
		ere approved by the shareholders through voting groups. The following statement of 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)	
П	The amendment(s) was/were adopted by the board of directors without shareholder action and shareholde action was not required.		
回	The amendment(s) was/wer action was not required.	re adopted by the incorporators without shareholder action and shareholder	
	Dated 10/2	7/2011	
	Signature <u>'</u>		
	, -	a director, president or other officer if directors or officers have not been exted, by an incorporator – if in the hands of a receiver, trustee, or other court	
		ointed fiduciary by that fiduciary)	
		ANGEL GONZALEZ	
		(Typed or printed name of person signing)	
		PRESIDENT	
		(Title of person signing)	