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COVER LETTER

TO: Amendment Section Division of Corporations	
NAME OF CORPORATION: Coconut Bay Construction I	ne
DOCUMENT NUMBER: P05000150702	
The enclosed Articles of Amendment and fee are submitted for	or filing.
Please return all correspondence concerning this matter to the	following:
Linda Judd	
Name Coconut Bay Construction Inc	of Contact Person
· · · · · · · · · · · · · · · · · · ·	rm/ Company
909 SE 47th Ter #106	HID Company
	Address
Cape Coral, FL 33904	
City/ S	tate and Zip Code
office@coconutbayconstruction.com	
E-mail address: (to be used for fur	ure annual report notification)
For further information concerning this matter, please call:	
Linda Judd	at (239 945-6288
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to	the Florida Department of State:
Certificate of Status Certi	5 Filing Fee & S52.50 Filing Fee fied Copy Certificate of Status tional copy is Certified Copy sed) (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation

of

Coconut Bay Construction Inc		
(Name of Corpora	ation as currently filed with the F	lorida Dept. of State)
P05000150702		9319 HAY 21. D 2 = 2
(Doc	ument Number of Corporation (if k	2019 KAY 24 P 2 112
Pursuant to the provisions of section 607.1006, Flor its Articles of Incorporation:	ida Statutes, this <i>Florida Profit Con</i>	rporation adopts the following amendment(s)
A. If amending name, enter the new name of the	corporațion:	
		The new
name must be distinguishable and contain the w "Corp.," "Inc.," or Co.," or the designation "Co word "chartered," "professional association," or th	rp," "Inc¦" or "Co". A professio	or "incorporated" or the abbreviation
B. Enter new principal office address, if applical (Principal office address MUST BE A STREET AL		
	····	
		<u> </u>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE E	<u></u>	
D. If amending the registered agent and/or regist		tter the name of the
new registered agent and/or the new registere	o omce address:	
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing R I hereby accept the appointment as registered agent	egistered Agent: I am familiar with and accept the	e obligations of the position.
		5 7 7
		
Sig	znature 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, 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 Do	<u>e</u>		
X Remove	<u>V</u>	Mike Jo	<u>nes</u>		
X Add	<u>sv</u>	Sally Sn			
Type of Action (Check One)	Title		<u>Name</u>		Address
1) Change	V		Heidi Krupka		25335 Catskill Dr
X Add		_		_	Bonita Springs, FL 34135
Remove					
2) Change				_	
Add					
Remove					
3) Change		<u> </u>		_	
Add					
Remove					
4) Change		_		 _	
Add					
Remove					
5) Change				_	
Add					
Remove					
6) Change		_		_	
Add					
Remove					

reliant authorius saccio, a acces	sary). (Be specific)	ge(s) here:	
Attach additional sheets, if neces.	am's to absorbed		
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	1	lating after	sund shares
If an amendment provides for provisions for implementing t	an exchange, reclassif	entained in the amendment	itealf
TIPELL'IGIORE IN FIRMINIONALINA I	M/A)	presence in the amendment	*******
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(if not applicable, indicate	1777)		
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The date of each amendment(s) date this document was signed.	adoption:	, if other than the
4,	/1/2019	
Effective date <u>if applicable</u> :	(no more t	an 90 days after amendment file date)
Note: If the date inserted in thi document's effective date on the		applicable statutory filing requirements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were a by the shareholders was/were		The number of votes cast for the amendment(s)
		s through voting groups. The following statement ad to vote separately on the amendment(s):
"The number of votes ca	ast for the amendment(s) wa	s/were sufficient for approval
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were a action was not required.	idopted by the board of dire	ctors without shareholder action and shareholder
☐ The amendment(s) was/were a action was not required.	adopted by the incorporators	s without shareholder action and shareholder
5/17/201	9	
Dated		
Signature	Maked	Caroll
(By : selet		officer – if directors or officers have not been in the hands of a receiver, trustee, or other court iary)
	Matthew G Krupka	
	(Typed or pri	nted name of person signing)
	President	
		Fitle of person signing)