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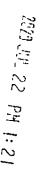
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COVER LETTER

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: Francisco Cerda and Sons Inc.
DOCUMENT NUMBER:
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Cyrthia K Cerda Name of Contact Person
Name of Contact Person Figure 15 Cond Sons Inc. Firm/ Company
4014 High (1.
City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Centhia K. Corda at (S63) 334 880 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
S35 Filing Fee S43.75 Filing Fee & S43.75 Filing Fee & S52.50 Filing Fee Certificate of Status (Additional copy is enclosed) Certified Copy (Additional Copy

Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

is enclosed)

Articles of Amendment to Articles of Incorporation

of

Francisco Cerda and Sons	Inc.	
(Name of Corporation as currently	y filed with the Florida Dept. of State)	
P05,000,152411		
(Document Number of	f Corporation (if known)	<u> </u>
Pursuant to the provisions of section 607.1006, Florida Statutes, this Articles of Incorporation:	Florida Profit Corporation adopts the following a	amendment(s) to
A. If amending name, enter the new name of the corporation:		
name must be distinguishable and contain the word "corporation," "c	company," or "incorporated" or the abbreviation	The new "Corp.,"
"Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	professional corporation name must contain	the word
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	-	
		707a
C. Enter new mailing address, if applicable:		> · · · · · · · · · · · · · · · · · · ·
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)		
		<u> </u>
		·· ~~
D. If amending the registered agent and/or registered office addr new registered agent and/or the new registered office address:		
Name of New Registered Agent		
(Florida stre	eet address)	
New Registered Office Address:	, Florida	
•	(City) (Zip Cod	de)
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent. I am familiar w	with and accept the obligations of the position.	
Signature of Nov. B.	egistered Agent, if changing	
, , , , , , , , , , , , , , , , , , ,	zgisierea Ageni, ij 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.

Mike Jones, V as Remov	e, ana sauy s	mun, 37 us un riud.	
Example: X Change	<u>PT</u> <u>Jo</u>	ohn Doe	
X Remove	<u>v</u> <u>M</u>	like Jones	
X Add	<u>SV</u> S	ally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address C
1) Change		Cynthia K. Cerda	LaBelle FL 33935
Remove			
2) Change			
Add			
Remove Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

(Attach additional sheets, if ned	71/10/07/12/11	(Ra specific)			
	cessary).	Be specific)			
					
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<u>If an amendment provides fo</u>	or an exchai	nge, reclassific	<u>ation, or cancellat</u>	<u>ion of issued sha</u>	res,
If an amendment provides for provisions for implementing	or an exchai	nge, reclassifica Iment if not co	ation, or cancellat ntained in the am	<u>ion of issued sha</u> endment itself:	res,
provisions for implementing	g the amend	nge, reclassifica Iment if not co	ation, or cancellat ntained in the am	ion of issued sha endment itself:	res,
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The date of each amendment(s) adoption: OS OI 2020
date this document was signed.
Effective date if applicable: (no more than 90 days after amendment file date)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
Adoption of Amendment(s) (CHECK ONE)
☐ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided 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)
Signature ACCISCO (By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
Trancisco J. Cerda (Typed or printed name of person signing)
President. (Title of person signing)