

| (Requestor's Name) |
|---|
| (Address) |
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| |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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COVER LETTER

TO: Amendment Section
Division of Corporations

| NAME OF CORPORAT | ion: Carter | Construction | n Fence, Inc. |
|-----------------------------|--|---|--|
| DOCUMENT NUMBER | : P05000161 | 0122 | |
| The enclosed Articles of A | mendment and fee are so | bmitted for filing. | |
| Please return all correspon | dence concerning this ma | tter to the following: | |
| | Kena | Va Carter Name of Contact Person | |
| _ | | Name of Contact Person MStruction Firm/ Company | |
| _ | 3490 Sr | Uarwater S | 5+ |
| | Nuples | FA 34117 City/ State and Zip Code | · · · · · · · · · · · · · · · · · · · |
| | Lendan C E-mail address: (to be us | OCArter - fe sed for future annual report | notification) |
| For further information cor | ncerning this matter, pleas | se call: | |
| Kendra (| arter ontact Person | at (34 Area Coo | 810-0777 de & Daytime Telephone Number |
| Enclosed is a check for the | following amount made | payable to the Florida Depa | rtment of State: |
| ₹ \$35 Filing Fee | □S43.75 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) |
| Mailing | Address | Street . | Address |

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301



September 15, 2017

KENDRA CARTER 3490 SHEARWATER ST NAPLES, FL 34117

SUBJECT: CARTER CONSTRUCTION FENCE, INC.

Ref. Number: P05000166122

We have received your document for CARTER CONSTRUCTION FENCE, INC. and your check(s) totaling \$140.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

There can only be one registered agent on file with this office. Please choose one registered agent and delete the other.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Rebekah White Regulatory Specialist II

Letter Number: 417A00018796

Articles of Amendment

FILED

| Articles of Incorporatio 7 OCT -2 AM 9: 53 |
|---|
| Carter Construction Ferries The |
| (Name of Corporation as currently filed with the Florida Dept. of State) |
| P05000166122 |
| (Document Number of Corporation (if known) |
| Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) tits Articles of Incorporation: |
| A. If amending name, enter the new name of the corporation: |
| The new |
| 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 Kendra Carter |
| 2110 () Shaqaa In ta S. 10 21 (17) |
| 5440 SNIWWAY ST NIGUS, TO 3411 1 (Florida street address) |
| |
| New Registered Office Address:, Florida |
| |
| |
| 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. |
| |
| |
| - Bul C |
| Signature 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 | PT John De | <u>oe</u> | |
|-------------------------------|-------------------------------|---------------|---|
| X Remove | <u>V</u> <u>Mike Jo</u> | ones_ | |
| X Add | <u>SV</u> <u>Sally Si</u> | n <u>ith</u> | |
| Type of Action (Check One) | <u>Title</u> | Name | Address WIRL ADDRESS: |
| 1) Change | Dix. | Hannely Roque | 3440 Shearwaterst |
| Add | Treasurer | · · · | - Nuples FL 34117 |
| Kemove | | | HOME ADDRESS: 1855 55th St8 |
| 2)Change | Dev Dr. | Kendra Carter | Home Address: 3890 7th Ave NW |
| _X_ Add | · | | Work Address: 3490 Shearwater st |
| Remove | | | Naples, FL 34117 |
| 3) Change | Construction Fence Manager | Kyle Carter | Work Address: 3498 Shearwater st Naples, Fr 34117 Heme Address: 2321 Washburr Ave |
| _X_ Add | Tence manager | | Heme Address: 2321 Washburn Ave. Nagles, FL 34117 |
| Remove | | | , , , |
| 4) Change | | | |
| Add | | | |
| Remove | | | |
| 5) Change | | ····· | |
| Add | | | |
| Remove | | | |
| 6) Change | | | |
| Add | 1.2.1 | | |
| Remove | | | |

| amending or adding additi ttach <i>additional sheets, if ned</i> | | | | |
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| an amendment provides for | r an exchange, reclassi | fication, or cancellation | on of issued shares, | |
| rovisions for implementing (if not applicable, indicat | the amendment it not | contained in the amei | idment itself: | |
| (i) not applicable, mateur | CIVA | NIA | | |
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| The date of each amendment(s) adoption: | , if other than the |
|--|----------------------|
| date this document was signed. Effective date <u>if applicable</u> : AS SOON AS POSSIBLE! 11/30/17 | |
| (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 document's effective date on the Department of State's records. | not be listed as the |
| Adoption of Amendment(s) (CHECK ONE) | |
| ☐ 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 <u>Carter Fence Cempany</u> , " (voting group) Kenneth Carter (| (owner) |
| ☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required. | - |
| ☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required. | |
| Dated 8/30/17 | |
| Signature Land | |
| (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) | |
| (Typed or printed name of person signing) | |
| (Typed or printed name of person signing) | |
| President/owner | |
| (Title of person signing) | |