P0600057231

| (Requestor's Name) | | |
|---|--|--|
| (Address) | | |
| (Address) | | |
| (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 PrimeSource Contractors INC NAME OF CORPORATION: P06000057231 **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: David Larson Name of Contact Person **PrimeSource Contractors** Firm/ Company 160 RAYMOND OAKS CT Address ALTAMONTE SPRINGS FL 32701 City/ State and Zip Code dlarsonmobile@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: David Larson 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 (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) **Mailing Address Street Address Amendment Section** Amendment Section

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

TI MAR - T PM 12: 18 **Articles of Amendment** to **Articles of Incorporation** (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: A. If amending name, enter the new name of the corporation: The new name must be distinguishable and contain the word "cornoration" "company" or "incorporated" or the

| office address in Florid | la, enter the name of the |
|--------------------------|--|
| | la, enter the name of the |
| ce address. | |
| (Florida street address) | |
| (City) | , Florida (Zip Code) |
| (| (Florida street address) (City) red Agent: n familiar with and acce |

Signature of New Kegisterea 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)

| Tit | <u>lle</u> | <u>Name</u> | Address | Type of Action |
|-----|------------|--|---|-------------------|
| Y | 1P (| Shana-Anne A. Larson | Lieo Raymond Oaks (3 Altamonte Springs FL 32701 | Add Remove |
| | | | | ☐ Add ☐ Remove |
| | | | | ☐ Add ☐ Remove |
| | | ng or adding additional Articles, enter cl itional sheets, if necessary). (Be specific | | |
| | | | | |
| F. | provisions | ndment provides for an exchange, reclasion in the same of the same | | |
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| | | | | |

| The date of each amendment | s) adoption: 3.2011 | | | | |
|---|---|--|--|--|--|
| Effective data if applicables | (date of adoption is required) | | | | |
| Effective date if applicable: (no more than 90 days after amendment file date) | | | | | |
| Adoption of Amendment(s) | (CHECK ONE) | | | | |
| The amendment(s) was/were by the shareholders was/were | e adopted by the shareholders. The number of votes cast for the amendment(s) re sufficient for approval. | | | | |
| | e approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s): | | | | |
| "The number of votes of | ast for the amendment(s) was/were sufficient for approval | | | | |
| by | | | | | |
| | (voting group) | | | | |
| The amendment(s) was/were action was not required. | e adopted by the board of directors without shareholder action and shareholder | | | | |
| The amendment(s) was/were action was not required. | e adopted by the incorporators without shareholder action and shareholder | | | | |
| Dated .3 Signature | 1 Designar | | | | |
| (By a select | a director, president or other officer – if directors or officers have not been ted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary) | | | | |
| | DAVID LARSON | | | | |
| | (Typed or printed name of person signing) | | | | |
| | Presi DeNT | | | | |
| | (Title of person signing) | | | | |