# P06000070170

(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
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(Do	cument Number)	
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SCIRCIANN OF SHAFE ON WISHON OF CORPORATIONS

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### **COVER LETTER**

Division of Corporations DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: KOOSeve // Address For further information concerning this matter, please call: at ( 352 ) 247 - 7467 Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: \$43.75 Filing Fee & Certificate of Status □ \$35 Filing Fee □\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy

#### **Mailing Address**

TO: Amendment Section

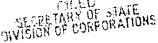
Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

## Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

is enclosed)

# **Articles of Amendment** to



Articles of Incorporation

Monath Homes Inc	14 SEP 30 PM	1: 12
(Name of Corporation as currently filed with the Flo	orida Dept. of State)	-
P0600000001010		
(Document Number of Corporation (if	known)	•
Pursuant to the provisions of section 607.1006, Florida Statutes, this Fits Articles of Incorporation:	lorida Profit Corporation adopts the following	g amendment(s) to
A. If amending name, enter the new name of the corporation:		
Monath Builders.	Inc	The new
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "C word "chartered," "professional association," or the abbreviation "P	" "company," or "incorporated" or the a o". A professional corporation name must	_ bbreviation
B. Enter new principal office address, if applicable:	Same	
(Principal office address MUST BE A STREET ADDRESS)		-
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Same	_
		•
		-
		-
D. If amending the registered agent and/or registered office addressed new registered agent and/or the new registered office address:	ss in Florida, enter the name of the	
Name of New Registered Agent SOM		
Name of New Negistered Agent		
(Florida stree	t address)	
New Registered Office Address:	, Florida	
(City)	(Zip Code)	•
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I am familiar with	th and accept the obligations of the position.	
Signature of New Registered Ag	rant if ahanaina	
Signature of ivew Registered Ag	eni, ij 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 D	<u>oe</u>			
X Remove	<u>v</u>	Mike Jo	<u>ones</u>	sam	C	
X Add	<u>sv</u>	Sally S	mith			
Type of Action (Check One)	<u>Title</u>		Name			Address
1) Change	<u></u>					
Add						
Remove						
2) Change		_				
Add						
Remove						
3) Change		_				
Add						
Remove						
4) Change		_ \				
Add						
Remove						
5) Change		_				
Add						
Remove						
6) Change						
Add						
Remove					1	

acn additional s	heets, if necessary).	(Be spec	cific)				
Name	change	10	None	all I	Builde	15.11	2C 0
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n amendment n	rovides for an exch	ange reci	assification (	r cancella	ion of issuad	charge	
<u>ovisions for imp</u>	olementing the amer	idment if	not contained	in the am	endment itse	<u>if:</u>	
(if not applica	ble, indicate N/A)	,					
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The date of each amendment(s) adoption:		SIOH OF C	ORPORA	TIUNS	_, if other than the
date this document was signed.	17.	SEP 30	PM 1:	12	
Effective date if applicable:		361 30		,	
	(no more than 90 days after amen	dment file d	date)		
Adoption of Amendment(s)	CHECK ONE)				
The amendment(s) was/were adopted by the shareholders was/were sufficient for	he shareholders. The number of votes or approval.	cast for the	amendme	ent(s)	
The amendment(s) was/were approved by must be separately provided for each vot				ement	
"The number of votes cast for the ar	mendment(s) was/were sufficient for ap	proval			
by		, ,,			
(	(voting group)				
The amendment(s) was/were adopted by t action was not required.	he board of directors without sharehold	l <b>er</b> action ar	nd shareho	older	
The amendment(s) was/were adopted by t action was not required.	he incorporators without shareholder ac	ction and sh	areholder	•	
Dated 9/23	5/14				
	resident or other officer – if directors or ncorporator – if in the hands of a receiv				_
	ary by that fiduciary)	er, musice,	or other c	ourt	
	(Typed or printed name of per	1946 Son signing	g)		_
	President (Title of person signir				_