

P06000082.445

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

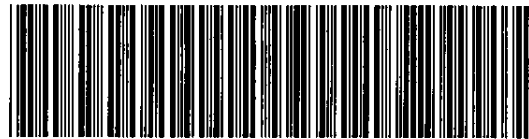
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600265531846

10/17/14--01025--014 **43.75

FILED
14 OCT 17 PM 3:17
RECEIVED
TALLAHASSEE, FL 32309

Amund

TURNKEY

CONSTRUCTION & MAINTENANCE, INC.

October 16, 2014

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

Re: ARTICLES OF AMENDMENT – CHANGE OF TITLE

To Whom It May Concern:

Please find enclosed Articles of Amendment for Turnkey Construction and Maintenance, Inc. changing the title of Ruben Lavarias from Director to President.

Enclosed also is our check in the amount of \$43.75 for the filing fee and Certificate of Status.

Should you require any further information, please do not hesitate to contact us on (904) 900-1069.

Sincerely,



Ruben Lavarias
President
Turnkey Construction and Maintenance, Inc.

Encs.

FILED
14 OCT 17 PM 3:17
TALLAHASSEE, FL 32314

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: TURNKEY CONSTRUCTION AND MAINTENANCE, INC.

DOCUMENT NUMBER: P06000082445

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

RUBEN LAVARIAS

Name of Contact Person

TURNKEY CONSTRUCTION AND MAINTENANCE, INC.

Firm/ Company

5991 CHESTER AVE, STE. 105

Address

JACKSONVILLE, FL 32217

City/ State and Zip Code

BEN@CHOOSETURNKEY.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RUBEN LAVARIAS

Name of Contact Person

at (**904**) **900-1069**

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

☐ \$35 Filing Fee

☒ \$43.75 Filing Fee &
Certificate of Status

☐ \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed)

☐ \$52.50 Filing Fee
Certificate of Status
Certified Copy
(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

TURNKEY CONSTRUCTION AND MAINTENANCE, INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

P06000082445

(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:

N/A

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**)

N/A

C. Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

N/A

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

N/A

(Florida street 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 and accept the obligations of the position.

Signature of New Registered Agent, if changing

FILED
14 OCT 17 PM 3:17
CLERK OF THE COURT
JACKSONVILLE, FLORIDA

E. If amending or adding additional Articles, enter change(s) here:

(Attach additional sheets, if necessary). (Be specific)

[illegible]

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:

(if not applicable, indicate N/A)

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

Effective date if applicable: _____
(no more than 90 days after amendment file date)

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 _____."
(voting group)

☐ 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 OCTOBER 16, 2014

Signature _____

(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)

RUBEN LAVARIAS

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

FILED
14 OCT 17 PM 3:17
TALLAHASSEE, FL
SECRETARY OF STATE