## P06000098469

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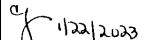


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## COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: On line Construction of SW th. INC
DOCUMENT NUMBER: P0600098469
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Raymond Suprenard  Name of Contact Person  On Time Construction of SW FL. INC  Firm/ Company  7215 Hendry Creek Dr.  Address
Fort Myers F-L., 33908  City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Raymond Syprenard at 603 387-9073  Name of Contact Person  Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
S35 Filing Fee  Certificate of Status  Certified Copy (Additional copy is enclosed)  Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, Fl. 323142415 N. Monroe Street, Suite 810Tallahassee, Fl. 32303

## Articles of Amendment

to
Articles of Incorporation
of

On Time Construction of SWFT.T.NC
(Name of Corporation as currently filed with the Florida Dept. of State)
POG 0000 98469 ON-TIME CONSTRUCTION OF SOUTHWEST FLORIDA, INC.
(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:
T
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)  Fort Myers, FL.
C. Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  72.15 Hendry Creek Dr.  Fort. Myers, Fl.  33908
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 Raymond Suprepard  1315 Hendry Creek Dr., Firt Myers, H.  (Florida wheel address)
(Florida whei address)
(Florida West address)  New Registered Office Address: FUX MYENS, Florida 33908 (Vip) (Vip 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
Check if applicable  The amendment of is fare being filed pursuant to a 607 0120 (11) (e) F.S.

FILED
2022 OCT 24 AM II: 06
SHALL JOHN'S SEE, FATE

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	Doe	
X Remove	⊻ <u>Mike</u>	: Jones	
_X Add	<u>SV</u> Sally	Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) X Change		Dovid Shupiro	342 SE41St Street
Add			Cape Coral, Fl.
Remove			33904
2) Change	PST	Ray Suprenand	72-15 Hendry Creek Dr Fort Myers, Fl
_ <b>_X_</b> _ Add		•	Fost Myers, FC.
Remove 3) Change			33908
Add			
Remove			<del></del>
4) Change			
Add			
Remove			
3) Change			
Add			
Remove			
61 Change			
Add			
Remove			

	heets, if necessary).	(Be specific)				
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n amandmant n	rovides for an excha	nno raclassific	ation or cancell	ation of issued	charac	
ovisions for imp	olementing the amend	dment if not co	ntained in the a	mendment itsel	lf:	
(if not applical	ble, indicate N/A)		<del></del>		<del>_</del>	
				<del></del>		
						_
						•
						-

The date of each amendment(s) adoption: Oct. 17, 2022, if other than the
Effective date if applicable: Oct. 17 2022  foo more than 90 days after amendment file date)
tho 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)
Zi 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 east for the amendment(s) was/were sufficient for approval by David Shapiro "
Dated Oct. 17, 2022 Signature Lema Shapira
(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)
David Shapir 0 (Typed or printed name of person signing)
President
(Title of person signing)

s is