P06000105145

(Re	questor's Name)	
(Ad	dress)	·-
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(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: SOVENSON BUILDERS INC.
DOCUMENT NUMBER: <u>P06000105145</u>
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Jonathan Simms Name of Contact Person
Firm/ Company 3818 SE 11 th PL # 203 Address
Cape Coral FL, 33904 City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Rorald Sovenson at (954), 632-8495 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) S43.75 Filing Fee & S22.50 Filing Fee & Certificate of Status 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 810

Tallahassee, FL 32303

Articles of Amendment

to

Articles of Incorporation of

Sorenson Builders	JNC.
(Name of Corporation as current	ly filed with the Florida Dept. of State)
P06800105145	100
(Document Number o	of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
NA	The new
name must be distinguishable and contain the word "corporation," " "Inc.," or Co.," or the designation "Corp," "Inc," or "Co" "chartered," "projessional association," or the abbreviation "P-4."	A professional corporation name must contain the word
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	3818 SE 11" PL #203 (ape (ara), Fl, 33904
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>)	3818 SE 11 th PL #203 Cape Coral, FL, 33904
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address Name of New Registered Agent 2 PM 8 SE	27
New Registered Office Address: COPC CO	reet address) VO Florida 733 604 (Cav) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar	
Check if applicable The amendment(s) is/are being filed pursuant to \$607.0120 (11)	Registered Agent, if changing (e), F.S.

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.

X Change	PT	John Doe	
X Remove	$\underline{\mathbf{V}}$	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
l) Change		Jonathan Simms	_
X Add			Cape Coral, FL. 33904
Remove			
2) Change			
Add			
Remove 3) Change			2022
Add			
Remove			JUN 27 P
4) Change			ASSEE FL
Add			FLORIDA
Remove			St. Q
5) Change	···-··		
Add			
Remove			
6) Change			
Add			
Remove			

mach <i>addinonai :</i>	heets, if necessary).	(Be specific)			

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orovisions for in	plementing the ame	ange, rectassinea adment if not con	tained in the ame	ndment itself:	1
•	ible, indicate N/A)		o /		
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The date of each amendment(s) adoption:	, if other than the
Effective date if applicable: 6/16/202. (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, document's effective date on the Department of State's records.	, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of directors without sharehol action was not required.	der action and shareholder
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amer by the shareholders was/were sufficient for approval.	ndment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following must be separately provided for each voting group entitled to vote separately on the amendment	
"The number of votes cast for the amendment(s) was/were sufficient for approval	•
by" (voting group)	
Dated (By a director, president or other officer - if directors or officers have no selected, by an incorporator - if in the hands of a receiver, trustee, or of appointed fiduciary by that fiduciary) (Typed or printed name of person signing)	

FILED
2022 JUN 27 PM 1: 45
TÄLLAHASSLE, FLORIBA