P07000055450

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPOR	ATION: LESMES CONSTR	RUCTION INC	
DOCUMENT NUMB	ER: P07000005450		
	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	LUIS LESMES		
•		Name of Contact Person	1
	LESMES CONSTRUCTION	INC	
-	- · · · · · · · · · · · · · · · · · · ·	Firm/ Company	
	824 MINNESSOTA AVE		
-		Address	
	ST CLOUD FL 34769		
`		City/ State and Zip Cod	2
lesme	sluis@yahoo.com		/
	E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
LUIS LESMES		at (³²¹	de & Daytime Telephone Number
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment 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		Amend Division Clifton 2661 E	Address Iment Section on of Corporations Building executive Center Circle assee, FL 32301

Articles of Amendment to Articles of Incorporation of

LESMES CONSTRUCTION INC	
(Name of Corporation	on as currently filed with the Florida Dept. of State)
P07000005450-	
(Docum	nent Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	a Statutes, this Florida Profit Corporation adopts the following amendment(s) t
A. If amending name, enter the new name of the co	rporation:
	The new
	d "corporation," "company," or "incorporated" or the abbreviation ," "Inc," or "Co". A professional corporation name must contain the abbreviation "P.A."
B. Enter new principal office address, if applicable	
(Principal office address <u>MUST BE A STREET ADD</u>	ORESS)
C. Enter new mailing address, if applicable:	
(Mailing address <u>MAY BE A POST OFFICE BO</u>	
D. If a second to the second country of the	and office address in Florida system the manner of the
D. If amending the registered agent and/or register new registered agent and/or the new registered	
Name of New Registered Agent	
Nume of New Negistered Agent	
	(Florida street address)
New Registered Office Address:	. Florida
New Registerea Office Address.	(City) (Zip Code)
New Registered Agent's Signature, if changing Reg	<u>tistered Agent:</u> I am familiar with and accept the obligations of the position.
т негеру иссері те арротителі аз гедізіегей адеті.	r am jamusar wan ana accept the obugations of the position.
Sign	ature of New Registered 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 udditional 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	<u>PT</u>	John Doe	
X Remove	$\underline{\mathbf{v}}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	VP	ERNESTO ARZOLA	824 MINNESSOTA AVE
Add			ST CLOUD FL 34769
X Remove			
2) Change			
Add			
Remove			
3) Change			
Ad d			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			· .
6) Change	-		
Add			<u> </u>
Remove			

Attach additional she	ng additional Artivets, if necessary).	(Be specific)			
					
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		-		· · · · · · · · · · · · · · · · · · ·	•
f an amendment proprovisions for imple (if not applicabl	ementing the ame	ange, reclassifica ndment if not cor	ntion, or cancellati	on of issued shares, ndment itself:	
			_		

The date of each amendment(s) a	doption:	, if other than the
date this document was signed.	02/2010	
Effective date if applicable:	03/2018	
	(no more than 90 days after amendment file date)	 _
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, this date we epartment of State's records.	ill not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval.	
☐ The amendment(s) was/were ap must be separately provided fo	proved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s):	
"The number of votes cas	for the amendment(s) was/were sufficient for approval	
by	"	
·	(voting group)	
The amendment(s) was/were ad action was not required.	opted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were ad action was not required.	opted by the incorporators without shareholder action and shareholder	
05/03/201 Dated		
Signature	tuis tesmo.	
selecte	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court ated fiduciary by that fiduciary)	
	LUIS LESMES	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	