P0700006865

(Requestor's Name) (Address)
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(City/State/Zip/Phone #)
☐ PICK-UP ☐ WAIT ☐ MAIL
(Business Entity Name)
(Business Enat) (Valle)
(Document Number)
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SECRETARY OF STATE

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CUVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPOR	RATION: N'	YC CONSTRUCTION GRO	OUP INC.
DOCUMENT NUMI	BER:	P07000066865	AMA-AMA-AMA-AMA-A
The enclosed Articles	of Amendment and fee	are submitted for filing.	
Please return all corre	spondence concerning the	his matter to the following:	
_	······	ERROL WILSON Name of Contact Person	
	NYC CON	ISTRUCTION GROUP, INC. Firm/ Company	
	2090 P <i>f</i>	ALM BEACH LAKES BLVD Address	
-		PALM BEACH, FL 33409 City/ State and Zip Code	
	NEWS@ E-mail address: (to be us	PNYCCGROUP.COM sed for future annual report notification)	
For further informatio	n concerning this matter	r, please call:	
ERR Name of 0	OL WILSON Contact Person	at (561) 2 Area Code & Daytime Tel	83-3333 lephone Number
Enclosed is a check for	r the following amount	made payable to the Florida Depar	tment 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 Circl Tallahassee, FL 32301	le

Articles of Amendment

to

Articles of Incorporation

of

DU.		
1 U	7000066865	ACCOUNT OF THE PARTY OF THE PAR
(Document Nu	imber of Corporation (if know	n)
suant to the provisions of section 607.10 endment(s) to its Articles of Incorporation:		rida Profit Corporation adopts the
If amending name, enter the new name	of the corporation:	
		The
ne must be distinguishable and contain reviation "Corp.," "Inc.," or Co.," or th ne must contain the word "chartered," "pr	ne designation "Corp," "Inc,'	or "Co". A professional corpora
Enter new principal office address, if ap incipal office address <u>MUST BE A STRE</u>		
Enter now mailing address if applicable		M-10
Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF		
		
		Florida, enter the name of the
new registered agent and/or the new reg		Florida, enter the name of the
		Florida, enter the name of the
new registered agent and/or the new reg		
Name of New Registered Agent:	gistered office address:	

Signature of New Registered Agent, if changing

n amending the Othicers 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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>VP</u>	DELROY S GILPIN	2090 PALM BEACH LAKES BLV WEST PALM BEACH FL, 33409	
			Add Remove
			Add Remove
	ling or adding additional Articles, dditional sheets, if necessary). (Be		·
	•.		
provisio		ge, reclassification, or cancellation of issent if not contained in the amendment i	
<u></u>			
			
			······································

i ne date of each amendmen	
	(date of adoption is required)
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
	ere adopted by the shareholders. The number of votes cast for the amendment(s) were sufficient for approval.
	ere approved by the shareholders through voting groups. The following statement led for each voting group entitled to vote separately on the amendment(s):
"The number of votes	s cast for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
action was not required.	ere adopted by the board of directors without shareholder action and shareholder ere adopted by the incorporators without shareholder action and shareholder
Signature _ (By sel	y a director president or other officer – if directors or officers have not been lected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)
	ERROL WILSON (Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)