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Office Use Only



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COVER LETTER

TO: Amendment Section

Division of Corporations

NAME OF CORPORATION: NYC CONSTRUCTION GROUP INC

DOCUMENT NUMBER: P07000066865

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

Please return all correspondence concerning this matter to the following:

ERROL WILSON

Name of Contact Person

NYC CONSTRUCTION GROUP INC.

Firm/ Company

11440 OKEECHOBEE BLVD

Address

ROYAL PALM BEACH, FL 33411

City/ State and Zip Code

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

For further information concerning this matter, please call:

ERROL WILSON

Name of Contact Person

at (561) Area Code & Daytime Telephone Number

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

S35 Filing Fee

■S43.75 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



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YC DEVELOPMENT & CONSTRUCTION GROUP INC.	· · · · · · · · · · · · · · · · · · ·	
(Name of Corporation as curren	ttly filed with the Florida Dept. of State)	
P07000066865	·4	
(Document Number	of Corporation (if known)	
nsuant to the provisions of section 607,1006, Florida Statutes, thi Articles of Incorporation:	s Florida Profit Corporation adopts the following amer	
If amending name, enter the new name of the corporation:		
YC CONSTRUCTION GROUP, INC.	The	
ame must be distinguishable and contain the word "corporat Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or ord "chartered," "professional association," or the abbreviation	ion," "company," or "incorporated" or the abbrevi "Co". A professional corporation name must contain	
. Enter new principal office address, if applicable:	11440 OKEECHOBEE BLVD	
Principal office address <u>MUST BE A STREET ADDRESS</u>)	ROYAL PALM BEACH, FL 33411	
. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>)	11440 OKEECHOBEE BLVD	
	ROYAL PALM BEACH, FL 33411	
 If amending the registered agent and/or registered office ad new registered agent and/or the new registered office addre 		
Name of New Registered Agent		
(Florida s	street address)	
	, Florida (Citv) (Zip Code)	
<u>New Registered Office Address</u> :	(Line) (Line) (Line) (Line)	

Signature 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 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: <u>X</u> Change	<u> 14</u>	John Doe	
<u>X</u> Remove	<u>v</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change		·	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			· · · · · · · · · · · · · · · · · · ·

<u>If amending or adding additional Artic</u> Attach <i>additional sheets, if necessary).</i>	(Be specific)
N/A	
<u> </u>	
<u> </u>	
f an amendment provides for an exchange provisions for implementing the amen (if not applicable, indicate N/A)	ange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:
N/A	
· · · · · · · · · · · · · · · · · · ·	

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	The	date	of each	amendment(s)	adoption:
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date this document was signed.

Effective date if applicable:

OCTOBER 29, 2019

(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, 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)

□ 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.

	10/29/19	
Dated		
Signatur	¢	

(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)

ERROL WILSON

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)