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| (R | equestor's Name) | | | |
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| PICK-UP | ☐ WAIT | MAIL | | |
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| Certified Copies | Certificates | of Status | | |
| Special Instructions to | Filing Officer: | | | |
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Office Use Only



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R. WHITE MM 10 LJ

COVER LETTER

Division of Corporations JEFF MYELS CONSTRUCTION INC. NAME OF CORPORATION: **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Jeff Myers
Name of Contact Person Jeff Myers Construction inc. 5842 Kirkland Drive Mi ITon, Florida 32570 City/ State and Zip Code For further information concerning this matter, please call: Teff Myers

at (850) 198-9744

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: \$35 Filing Fee **□\$**43.75 Filing Fee & **□\$**43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy

enclosed)

Mailing Address

TO: Amendment Section

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

(Additional Copy is enclosed)

| | | Articles of Amendment | |
|------------------------|---|--|------------------------------------|
| | | to Articles of Incorporation | |
| TAFF | Myes | Control | 2019 MAR - 4 PH 12:07 |
| | (Name of C | orporation as currently filed with the Flori | da Deptilof State) |
| | | (Document Number of Corporation (if know | vn) |
| its Articles of Incorp | | 6. Florida Statutes, this Florida Profit Corporation: | The new |
| "Corp.," "Inc.," or | Co. or the designation | the word "corporation," "company," or on "Corp," "Inc," or "Co". A professional of the abbreviation "P.A." | "incorporated" or the abbreviation |
| | sipal office address, if a dress <u>MUST BE A STRE</u> | | |

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

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

(Florida street address)

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

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 | <u>PT</u> | John Doe | | |
|-------------------------------|--------------|--------------|---------------|--|
| X Remove | <u>v</u> | Mike Jones | | |
| X Add | <u>sv</u> | Sally Smith | | |
| Type of Action (Check One) | <u>Title</u> | <u>Name</u> | | Address |
| 1) Change | V | Ronald | Clean Mettor | 1. JR. 5842 Kirkland Drive M: Mon Fl. 32570 |
| Add | | | | M: Mon Fl, 32570 |
| X Remove | | | | |
| 2) Change | | <u> </u> | | |
| Add | | | | |
| Remove | | | | |
| 3) Change | | _ | | |
| Add | | | | |
| Remove | | | | |
| 4) Change | | | | |
| Add | | | | |
| Remove | | | | |
| 5) Change | | | - | |
| Add | | | | |
| Remove | | | | |
| 6) Change | | | | |
| Add | | | | |
| Remove | | | | |

| (Attach additional sheets, if necessary). | |
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| If an amendment provides for an exch | ange, reclassification, or cancellation of issued shares, |
| provisions for implementing the ame | ange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself: |
| If an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A) | ange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself: |
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| provisions for implementing the ame | ange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself: |
| provisions for implementing the ame | ange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself: |

| The date of each amendment(s) adoption: | 3-1-2019 | , if other than the |
|---|---|---|
| date this document was signed. | | |
| Effective date if applicable: | | |
| | (no more than 90 days after amendment file d | ate) |
| Note: If the date inserted in this block does document's effective date on the Department | s not meet the applicable statutory filing requirem of State's records. | ents, this date will not be listed as the |
| Adoption of Amendment(s) | CHECK ONE) | |
| The amendment(s) was/were adopted by the shareholders was/were sufficient for | ne shareholders. The number of votes cast for the a or approval. | mendment(s) |
| | the shareholders through voting groups. The following group entitled to vote separately on the amenda | |
| "The number of votes cast for the an | nendment(s) was/were sufficient for approval | |
| by | | |
| ~ | voling group) | |
| The amendment(s) was/were adopted by the action was not required. | ne board of directors without shareholder action an | d shareholder |
| ☐ The amendment(s) was/were adopted by the action was not required. | ne incorporators without shareholder action and sha | areholder |
| Dated 3-/-2. Signature | | |
| | resident or other officer - if directors or officers ha | |
| | ncorporator – if in the hands of a receiver, trustee, or ary by that fiduciary) | or other court |
| | JOFF MUIRS | |
| | (Typed or printed name of person signing) | |
| . <u></u> | fresident | |
| | (Title of person signing) | |