

P080000070683

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

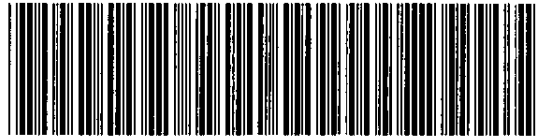
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*Amend*

11/03/08--01079--013 \*\*52.50

2008 NOV -3 AM 11:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

*AJR*  
*11/15/08*

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** ALL NATIVE CONTRACTING INC.

**DOCUMENT NUMBER:** P08000070683

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

Please return all correspondence concerning this matter to the following:

AMANDA RUPPERT  
(Name of Contact Person)

ALL NATIVE CONTRACTING INC  
(Firm/ Company)

720 NE 25<sup>TH</sup> AVE STE #34  
(Address)

CAPE CORAL, FLORIDA 33909  
(City/ State and Zip Code)

For further information concerning this matter, please call:

AMANDA RUPPERT at (239) 633-6694  
(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 &  
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

Articles of Amendment  
to  
Articles of Incorporation  
of

FILED

2008 NOV -3 AM 11:11

ALL NATIVE CONTRACTING, INC.  
(Name of Corporation as currently filed with the Florida Dept. of State)

P08000070683

(Document Number of Corporation (if known))

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

**A. If amending name, enter the new name of the corporation:**

*The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."*

**B. Enter new principal office address, if applicable:**  
(Principal office address MUST BE A STREET ADDRESS)

720 NE 25TH AVE #34  
CAPE CORAL, FL  
33909

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

720 NE 25TH AVE #34  
CAPE CORAL, FL  
33909

**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:

AMANDA RUPPERT

New Registered Office Address:

720 NE 25TH AVE #34

(Florida street address)

CAPE CORAL

(City)

Florida 33909

(Zip Code)

**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.*

A. Ruppert  
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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Sec./TREA.	REYNOLD BERTI	720 NE 25 AVE #34 CAPE CORAL, FL 33909	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
Secretary Treasurer	ERIN SHOUP	720 NE 25 AVE #34 CAPE CORAL, FL 33909	<input checked="" type="checkbox"/> Add (CHANGE FROM PRESIDENT) <input type="checkbox"/> Remove
PRESIDENT	AMANDA RUPPERT	720 NE 25 AVE #34 CAPE CORAL, FL 33909	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove

**E. If amending or adding additional Articles, enter change(s) here:**  
 (attach additional sheets, if necessary). (Be specific)

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**F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:**  
 (if not applicable, indicate N/A)

RECLASSIFICATION:	Amanda Ruppert	20%
	ERIN SHOUP	20%
	ARLEEN BERTI	60%

The date of each amendment(s) adoption: 23 OCTOBER 2008

Effective date if applicable: 23 OCTOBER 2008  
(no more than 90 days after amendment file date)

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 All Native Contracting Inc.  
(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.

Dated 23 OCTOBER 2008

Signature Amanda Ruppert  
(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)

Amanda Ruppert  
(Typed or printed name of person signing)

President  
(Title of person signing)