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#### COVER LETTER

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: FAIRWINGS CONSTRUCTION TAKE  DOCUMENT NUMBER: PA80000 71794
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Richard T. Coyle 813-399-3664  Name of Contact Person  Fairculas As Constitution INC.
Name of Contact Person
Fairwinds Construction INC.
D G Firm/Company
P.O. 130x 317
Indian Rocks Beach, Fl. 33785
City/ State and Zip Code
lacotampabay. rr. com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
RICHARD T. Coyle at 813, 399.3664
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 Certificate of Status  (Additional copy is enclosed)  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

Fairwinds Construction ITal
(Name of Corporation as currently filed with the Florida Dept. of State)
PA 80000 71794
(Document Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> 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)  ### To address Address MUST BE A STREET ADDRESS
Fullow Rocks Beach Fl 33786
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  SAME
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 / A
(Florida street address)
New Registered Office Address:, Florida
(City) (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.
N/A
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>\$V</u>	Sally Smith
Type of Action (Check One)	Title	Name Address
1) Change	VF	Coyle, Kelly L. 4143-56+48+N.
Add Remove		Kenneth City Fl
2) Change		
Add		<del></del>
Remove		
3) Change		
Add		
Remove		
4) Change		
Add		<del></del>
Remove		
5) Change		
Add		
Remove		
6) Change		
Add		
Remove		

It amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)
·	- V PI
	l
an amendment provides for an excha	inge, reclassification, or cancellation of issued shares, dment if not contained in the amendment itself:
(if not applicable, indicate N/A)	MA A THE AMENDMENT ITSEN:
· · · · · · · · · · · · · · · · · · ·	

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date <u>if applicable</u> :	
(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 document's effective date on the Department of State's records.	not be listed as the
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.	
Dated 2-26-20 Signature	<del></del>
(By a director, president or other officer - it 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)	
RICHARD T. COYLE  (Typed or printed name of person signing)	
(Typed or printed name of person signing)	<del></del>
P	
(Title of person signing)	