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SECRETARY OF STATE
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: CARL PARRISH	MASONRY OF N.W. FLO	ORIDA, INC.
DOCUMENT NUMB	P00000012436		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	CARL PARRISH		
		Name of Contact Persor	1
	CARL PARRISH MASONRY OF N.W. FLORIDA, INC.		
		Firm/ Company	
	3760 CARABELA LN	· ······ company	
		Address	
	PACE FL 32571		
		City/ State and Zip Code	2
For further information	E-mail address: (to be us	sed for future annual report	notification)
CARL PARRISH		at (384-7990
Name of Contact Person Area Code & Daytime Telephone N		de & Daytime Telephone Number	
Enclosed is a check for	the following amount made_	payable to the Florida Depa	ortment 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		Amend Divisio Clifton	Address Iment Section on of Corporations Building executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

CARL PARRISH MASONRY OF N.W. FLORIDA, INC.

CARL PARKI	on MASONKT OF N.W. PI	LORIDA, INC.	
(Name of Corporati	on as currently filed with t	he Florida Dept. of State)	
	P09000012436		
(Docum	nent Number of Corporation	(if known)	
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	a Statutes, this <i>Florida Profi</i>	t Corporation adopts the foll	owing amendment(s)
A. If amending name, enter the new name of the co	orporation:		
			The new
name must be distinguishable and contain the wor "Corp.," "Inc.," or Co.," or the designation "Corp word "chartered," "professional association," or the	." "Inc," or "Co". A prof	y." or "incorporated" or t essional corporation name t	ne abbreviation
B. Enter new principal office address, if applicable	<u></u>	_	
(Principal office address <u>MUST BE A STREET ADI</u>	ORESS)		122 五
C. Enter new mailing address, if applicable:			LE 28 SSE
(Mailing address MAY BE A POST OFFICE BO	<u></u>		
		•	TE ST
			
		· · · · · · · · · · · · · · · · · · ·	<u> ₹th</u> ∞
D. If amending the registered agent and/or register new registered agent and/or the new registered		a, enter the name of the	
Name of New Registered Agent			
	(Florida street address)		
New Registered Office Address:		, Florida	
	(City)		(Zip Code)
New Registered Agent's Signature, if changing Reg	istered Agent:		
I hereby accept the appointment as registered agent.		pt the obligations of the posit	ion.
Size	ature of New Registered And	ent 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>	<u>Addres</u> s
1) Change	<u>v</u>	BUD LEE BRUNSON	3760 CARABELA LN
Add X Remove			PACE FL 32571
2) Change X	V	BRANDON PARRISH	3760 CARABELA LN
X Add Remove			PACE FL 32571
3) Change Add			
Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change			*************
Add Remove			

Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
	
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f an amendment provides for an exch	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame (if not applicable, indicate N/A)	endment if not contained in the amendment itself:
(у пог аррисавіе, такане мля)	

The date of each amendment(s) a date this document was signed.	doption:	, if other than the
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, this date vepartment of State's records.	vill not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were ac by the shareholders was/were s	opted by the shareholders. The number of votes east for the amendment(s) ufficient for approval.	
	proved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s):	
"The number of votes cas	t for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were action was not required.	opted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were action was not required.	opted by the incorporators without shareholder action and shareholder	
Dated	2-25-17 and Carried	
代覧 y a select	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court need fiduciary by that fiduciary)	
	CARL PARRISH	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	