

PO9000016753

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

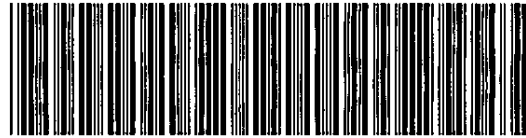
(Business Entity Name)

(Document Number)

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*Amend/n/c*

FILED  
16 JUL 18 PM 12:27  
SECRETARY OF STATE  
TALLAHASSEE, FL 32399

JUL 27 2016  
D CUSHING

COVER LETTER

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: NORTHMAN CONTRACTING OF SW FL, INC

DOCUMENT NUMBER: P 09000016153

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

Please return all correspondence concerning this matter to the following:

JAMES H. FORRESTON CPA CFP

Name of Contact Person

FORRESTON HAA7 BOLIVIA & WYTHAM PL

Firm/ Company

1429 COLONIAL BLVD. SUITE 201

Address

FOR7 MYOAS FL 33901-0660

City/ State and Zip Code

Jim@FORRESTON CPA Com

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

For further information concerning this matter, please call:

JAMES H. FORRESTON CPA CFP at (239) 939-1188

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

SECRETARY OF STATE  
TALLAHASSEE, FL 32301

16 JUL 18 PM 12:27

FILED

July 14, 2016

Florida Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

Re: Northern Contracting of SW FL, Inc. P09000016753  
Moguel Contracting Group, Inc. P16000037836

Gentlemen and Ladies,

My desire is to dissolve the existing new corporation Moguel Contracting Group, Inc. and change the name of Northern Contracting of SW FL, Inc. to Moguel Contracting Group, Inc.

Please consider this letter my written confirmation that I, Mario Moguel, as President of the now dissolved Moguel Contracting Group, Inc. will not revoke the dissolution of this entity and hereby release its name for use by Northern Contracting of SW FL, Inc.

Sincerely,

Mario Moguel, President  
Moguel Contracting Group, Inc.  
Northern Contracting of SW FL, Inc.

FILED  
16 JUL 18 PM 12:27  
SECRETARY OF STATE  
TALLAHASSEE, FL 32310

Articles of Amendment  
to  
Articles of Incorporation  
of

FILED  
16 JUL 18 PM 12:27  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MOGUEL CONTRACTING OF SW FL, INC

(Name of Corporation as currently filed with the Florida Dept. of State)

P 09000016753

(Document Number of Corporation (if known))

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:

MOGUEL CONTRACTING GROUP, INC

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)

1405 N. LARKWOOD SQUARE  
FORT MYERS FL 33919

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1405 N. LARKWOOD SQUARE  
FORT MYERS FL 33919

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

MARIO MOGUEL

1405 N. LARKWOOD SQUARE

(Florida street address)

New Registered Office Address:

FORT MYERS

(City)

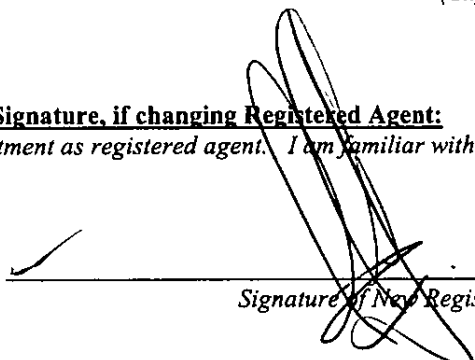
, Florida

33919

(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.

  
\_\_\_\_\_  
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:

☒ Change      PT      John Doe

☒ Remove      V      Mike Jones

☒ Add      SV      Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input checked="" type="checkbox"/> Change	<u>DP57</u>	<u>MANO MOGUEZ</u>	<u>1405 N. LAKWOOD SQUARE</u>
<input type="checkbox"/> Add			<u>FOAT MYERS FL 33919</u>
<input type="checkbox"/> Remove			
2) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
3) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

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The date of each amendment(s) adoption: \_\_\_\_\_, if other than the date this document was signed.

Effective date if applicable: \_\_\_\_\_  
(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 incorporator without shareholder action and shareholder action was not required.

Dated JULY 14, 2016

Signature \_\_\_\_\_

(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)

MARIO MOGUEZ

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

FILED  
16 JUL 18 PM 12:27  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA