P09000037552

(Requestor's Name)
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF COR	AME OF CORPORATION: Capling Leveling & Construction, inc				
DOCUMENT NU	JMBER:	IBER:P09000037552			
The enclosed Artic	cles of Amendment and	fee are submitted for filing.			
Please return all co	orrespondence concernin	g this matter to the following:			
		Barbara Capling Name of Contact Person			
		Name of Contact Ferson			
		Capling Leveling, Inc			
		Firm/ Company			
137 S Industrial Loop Unit 2					
Address					
	Labelle, FL 33935				
		City/ State and Zip Code			
	darl E-mail address: (to b	ene@labellecpa.com e used for future annual report notification)			
For further informa	ation concerning this ma	tter, please call:			
Barbara Capling		at (<u>863</u>) 612-1000			
Name of Contact Person		Area Code & Daytime Telephone Number			
Enclosed is a check	k for the following amou	nt made payable to the Florida Department of State:			
☑ \$35 Filing Fee	□ \$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy (Additional copy is enclosed) 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



FLORIDA DEPARTMENT OF STATE Division of Corporations

June 27, 2011

BARBARA CAPLING 137 S INDUSTRAIL LOOP UNIT 2 LABELLE, FL 33935

SUBJECT: CAPLING LEVELING & CONSTRUCTION, INC.

Ref. Number: P09000037552

We have received your document for CAPLING LEVELING & CONSTRUCTION, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The date of adoption of each amendment must be included in the document.

If the corporation is a **PROFIT** corporation it must be signed 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.

If the corporation is a **NOT FOR PROFIT** corporation it must be signed by the chairman or vice chairman of the board, president or other officer - if directors have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6916.

Carol Mustain Regulatory Specialist II

Letter Number: 611A00015473

Articles of Amendment to Articles of Incorporation of

Capling Leveling	∖& Constru	uction, Inc.		
(Name of Corporation as current	tly filed with t	the Florida Dept. o	of State)	
P0900	00037552			
(Document Number	er of Corporati	ion (if known)		
Pursuant to the provisions of section 607.1006, amendment(s) to its Articles of Incorporation:	Florida Statut	es, this <i>Florida Pr</i>	ofit Corporation	adopts the following
A. If amending name, enter the new name of the	he corporatio	<u>n:</u>		
Capling	Leveling, In	C.		The new
name must be distinguishable and contain the abbreviation "Corp.," "Inc.," or Co.," or the doname must contain the word "chartered," "profes	word "corpesignation "Co	oration," "compai orp," "Inc," or "C	o". A profession	rated" or the al corporation
B. Enter new principal office address, if applic		137 S INDUST	RIAL LOOP UI	<u>VIT_</u> 2
(Principal office address <u>MUST BE A STREET</u>	<u>ADDRESS</u>)	LABELLE, FL	33935	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE) D. If amending the registered agent and/or reg	istered office		s S Ju 1, enter the name	FILED 11 JUL 25 PH 1: 55
new registered agent and/or the new registe	red office ado	<u>lress:</u>		
Name of New Registered Agent:				
New Registered Office Address:	(Flori	da street address)		
_			, Florida	
	(City)		(Zip Code)	
New Registered Agent's Signature, if changing I hereby accept the appointment as registered age	nt. I am fami	liar with and accep		f the position.
Sign	nature of New	Registered Agent, i	f 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) **Title Name** Address Type of Action ☐ Add ☐ Remove ☐ Add ☐ Remove ☐ Add □ Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) 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)

The date of each amendment(s) adoption:				
	(date of adoption is required)			
Effective date if applicable:	(no more than 90 days after amendment file date)			
Adoption of Amendment(s)	(CHECK ONE)			
	ere adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.			
	ere approved by the shareholders through voting groups. The following statement and 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)			
action was not required.	re adopted by the board of directors without shareholder action and shareholder re adopted by the incorporators without shareholder action and shareholder			
action was not required.				
Dated Signature (By	a director, president or other officer – If directors or officers have not been			
	ected, by an incorporator - if in the hands of a receiver, trustee, or other court			
арр	ointed fiduciary by that fiduciary)			
•	Barbara Capling			
	(Typed or printed name of person signing)			
	Secretary / Treasurer			
	(Title of person signing)			