P09000052581

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09/21/09--01024--022 **35.00



Amend a 91/09

COVER LETTER

TO: Amendment Section **Division of Corporations** NAME OF CORPORATION: Commercial Contracting Services
of SW FL, Inc. DOCUMENT NUMBER: P0900052581 The enclosed *Articles of Amendment* and fee are submitted for filing. Please return all correspondence concerning this matter to the following: yan LeCfler
Name of Contact Person Commercial Contracting Services
Firm/Company)

8695 College Pkwy #1254
Address Ft. Myers, FL 33919

City/State and Zip Code ryan@ leffler and associates. Com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (_____)
Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee ☐ \$43.75 Filing Fee & ☐ \$43.75 Filing Fee & □ \$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) **Mailing Address Street Address** Amendment Section Amendment Section

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Articles of Amendment

Articles of Incorporation of

Commercial Contracting Ser (Name of Corporation as currently filed with	vices of SW, FK, Inc.
(Name of Corporation as currently filed with the Corporation of Corporation as currently filed with the Corporation as current	<u>L</u>
Pursuant to the provisions of section 607.1006, Florida Statut amendment(s) to its Articles of Incorporation:	es, this Florida Profit Corporation adopts the following
A. If amending name, enter the new name of the corporation	<u>n:</u>
name must be distinguishable and contain the word "corp abbreviation "Corp.," "Inc.," or Co.," or the designation "Co name must contain the word "chartered," "professional associa	orp," "Inc," or "Co". A professional corporation
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	Ryan Leffler
(irmcipul office unuress <u>most pit A stratut Appress</u>)	Ryan Leffler 8695 College Pkwy #DSY Ft Myers, FL 33919
	Ft Myers, FC 33919
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	·
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ade	
Name of New Registered Agent: Ryan	Leffler
New Registered Office Address: & (Flori	Leffler College Pkwy #1254 ida streetuddress)
Ft. Mye (City)	rs , Florida 33919 (Zip Code)
New Registered Agent's Signature, if changing Registered A l hereby accept the appointment as registered agent. I am fami	
	Registered Agent, if changing
Signature of New	Registéréd 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>	Type of Action
<u>P</u>	Lynn LaFlamme	8695 College PKW #1254 Fd. Myrs FL 33919	Add Remove
VP	Alice Leffler	same as above	☐ Add Remove
<u>P</u>	Ryan Leffler	Same as	Add Remove
	ding or adding additional Articles, enter dditional sheets, if necessary). (Be speci		
provisi	mendment provides for an exchange, recons for implementing the amendment if not applicable, indicate N/A)		
	,	stock - 100%.	Ryan Leffler

The date of each amendment(s) adoption:					
Ties of Table 11 11 .	(date of adoption is required)				
Effective date <u>if applicable</u> :	o more than 90 days after amendment file date)				
Adoptiøn of Amendment(s)	(CHECK ONE)				
The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.				
• ,	opproved 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	for the amendment(s) was/were sufficient for approval				
by	23				
(νι	ting group)				
The amendment(s) was/were a action was not required.	dopted by the board of directors without shareholder action and shareholder				
The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and shareholder				
Dated	9/1/D9				
Signature	Lym Safland				
selecte	rector, president or other officer – if directors or officers have not been l, by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)				
_	Cynn LaFlamme (Typed or printed name of person signing)				
	(Typed or printed name of person signing)				
_	President				
	(Title of person signing)				