PU9 000101192

(Requestor's Name)		
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone #)	
PICK-UP	WAIT MAIL	
(Business Entity Name)		
•		
(Document Number)		
(2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		
Certified Copies	Certificates of Status	

Special Instructions to Filing Officer: On May 23, 2022, I was given Permission by Edward To the Hitle President Business Development It—was not a title for Sara Varnell. AB.

Office Use Only



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2022 APR 13 PM 5: 13
SECRETARY OF STAT

A. BUTLER MAY 19 2022

COVER LETTER

TO: Amendment Sec Division of Corp	1		, ·			
NAME OF CORPO	RATION: Berkshire Bay Cor	ntractors, Inc.				
DOCUMENT NUMBER: P09000101192						
	s of Amendment and fee are su	bmitted for filing.				
Please return all corre	espondence concerning this ma	tter to the following:				
	Kiley Jaynes					
		Name of Contact Person	1			
	Berkshire Bay Contractors, Inc					
	Firm/ Company					
	15804 Brothers Ct Suite 4					
	·	Address				
	Fort Myers, FL 33912					
		City/ State and Zip Cod	e			
	info@berkshirebay.com					
	E-mail address: (to be us	sed for future annual report	notification)			
For further information	on concerning this matter, pleas	se call:				
Kiley Jaynes		at (239	313-1585			
Name	of Contact Person	Area Co	de & Daytime Telephone Number			
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:			
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)			
Ma	iling Address	Street	Address			
Am	endment Section	Amendment Section				
Division of Corporations		Division of Corporations				
-	. Box 6327		entre of Tallahassee			
Tallahassee, FL 32314		2415 N	N. Monroe Street, Suite 810			

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

FILED

200000101102	2022 APR 13 PM 5: 15 y filed with the Florida Dept. of State)
P09000101192	SECRETARY OF STATE
(Document Number of	f Corporation (if known)
cursuant to the provisions of section 607.1006, Florida Statutes, this and statutes of Incorporation:	Florida Profit Corporation adopts the following amendment(s
. If amending name, enter the new name of the corporation:	
N/A	The new
ame must be distinguishable and contain the word "corporation," "c Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A chartered," "professional association," or the abbreviation "P.A."	company," or "incorporated" or the abbreviation "Corp.," 1 professional corporation name must contain the word
B. Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS)	N/A
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
If amending the registered agent and/or registered office address: new registered agent and/or the new registered office address:	
Name of New Registered Agent N/A	
(Florida stre	eet address)
	X:/4
New Registered Office Address: N/A	, Florida ^{N/A}

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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)

Example:

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.

X Change	PT John Doc	
X Remove	V Mike Jones	
<u>X</u> Add	SV Sally Smith	
Type of Action (Check One)	<u>Title</u> AB <u>Name</u> President	<u>Addres</u> s
1) Change	President Business Development Sara Varnell	15804 Brothers Ct
X Add		Suite 4
Remove		Fort Myers, Fl. 33912
2) Change		
Add		
Remove 3) Change		
Add		
Remove		
4) Change	· · · · · · · · · · · · · · · · · · ·	
Add		
Remove		
5) Change		
Add		
Remove		,
6) Change		
Add		
Remove		

E. If amending or adding additional Arti (Attach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)
N/A	(in specific)
19/A	
· · · · · · · · · · · · · · · · · · ·	
18-18-7	
F. If an amendment provides for an eych	ange, reclassification, or cancellation of issued shares,
provisions for implementing the amer	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
N/A	
, , , , , , , , , , , , , , , , , , ,	

	4/1/2022	
The date of each amendment	s) adoption:	, if other than the
date this document was signed.	4/1/2022	
Effective date <u>if applicable</u> :	4/1/2022	
	(no more than 90)	days after amendment file date)
	his block does not meet the applica e Department of State's records.	ble statutory filing requirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were action was not required.	adopted by the incorporators, or bo	pard of directors without shareholder action and shareholder
☐ The amendment(s) was/were by the shareholders was/we		number of votes cast for the amendment(s)
		igh voting groups. The following statement of separately on the amendment(s):
"The number of votes	cast for the amendment(s) was/were	sufficient for approval
by N/A		n
бу	(voting group)	 ·
Dated_4/6	7/2027	
Signature	91/Himin	
(By	a difector, president or other office ected, by an incorporator – if in the pointed fiduciary by that fiduciary)	r – if directors or officers have not been hands of a receiver, trustee, or other court
	Edward Arasimowicz	
	(Typed or printed na	nme of person signing)
	President/Owner	
	(Title of person sign	ing)