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(Re	equestor's Name)
(Ac	ddress)
(Ac	ddress)
(Ci	ty/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Bu	usiness Entity Name)
(Do	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: NEW BEGI	INNING CONTR	ACTOR INC
	P1000002687		,
	of Amendment and fee are su		
Please return all corres	pondence concerning this ma	tter to the following:	
	IRMA DIAZ		
. , -		Name of Contact Person	n ,
		Firm/ Company	
	3909 28TH ST S	W	
	. =	Address	
	LEHIGH ACRES		
		City/ State and Zip Cod	e
CG	PSSERVICES@A	AOL.COM	•
	E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
IRMA DIAZ		aı (239	265-7961
Name o	f Contact Person		de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
S35 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)
Ame Divis P.O.	ling Address ndment Section sion of Corporations Box 6327 thassee, FL 32314	Ameno Divisio Clifton 2661 E	Address Imment Section on of Corporations Building Executive Center Circle assee, FL 32301

Articles of Amendment to . Articles of Incorporation of



NEW BEGINNING CONTRACTOR INC

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

P10000026876

(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:

me must be distinguishable and contain	the word "appropriation	" "compa	77 OF 11		The
orp.," "Inc.," or Co.," or the designation or "chartered," "professional association,	a "Corp," "Inc," or "C	o". A proj	fessional co	orporation nai	ne must contain
Enter new principal office address, if ap	. *				
rincipal office address MUST BE A STRE					
				11.17	
Enter new mailing address, if applicable					
(Mailing address MAY BE A POST OFF	ICE BOX)		-, · · · ·		
	46, 10 m	· .·,			**
				,	
If amending the registered agent and/or	registered office addre	ss in Floric	la, enter tl	e name of the	•
new registered agent and/or the new rec					<u>-</u>
new registered agent and/or the new reg				\	•
Name of New Registered Agent					•
	<u>zistered office address:</u>	et addrasy)			•
Name of New Registered Agent	zistered office address: (Florida stre	•	•••		·
	zistered office address: (Florida stre	•	, F	\ lorida	Code)
Name of New Registered Agent	zistered office address: (Florida stre	•	, F	\ lorida	
Name of New Registered Agent	zistered office address: (Florida stre	•	, F	\ lorida	
Name of New Registered Agent New Registered Office Address:	(Florida stre	•	, F	\ lorida	
Name of New Registered Agent	(Florida streed) (City)			lorida(Zip	Code)
Name of New Registered Agent New Registered Office Address: New Registered Office Address: New Registered Agent's Signature, if change are accept the appointment as registered	(Florida stre (Florida stre (City) zing Registered Agent:	ith and acce	ept the obli	lorida(Zip	Code)
Name of New Registered Agent New Registered Office Address: New Registered Office Address: New Registered Agent's Signature, if change are accept the appointment as registered	(Florida streed) (City)	ith and acce	ept the obli	lorida(Zip	Code)

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	PT	John Doe	•
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1)Change	VP	JAIME RIVERA LOPEZ	3909 28TH ST SW
X Add			LEHIGH ACRES FL
Remove	٠,		33976
2) Change			
Add			
Remove			
3) Change	Tr	·	
Add			
Remove			
4) Change			
Add			NA-0010-01-01-01-01-01-01-01-01-01-01-01-0
Remove		•	
5) Change			·
Add		and the state of t	
Remove			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Arti- (Attach additional sheets, if necessary).	cles, enter change(s) here:
PLEASE ADD	(be specific)
LEASE ADD	
	·
· · · · · · · · · · · · · · · · · · ·	
	·
If an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,
provisions for implementing the amer (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
(y noi applicable, maicule NA)	

The date of each amendment(s) adoption: 7/18/2012
Effective data if applicables 7/18/2012
(no more than 90 days after amendment file date)
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
The emendment(c) weekyone adouted by the board of directors without about all an estion and about all day
☐ 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 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 selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
IRMA DIAZ
(Typed or printed name of person signing)
PRESIDENT
(Title of person signing)