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CORPORATE When you need ACCESS to the world

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COVER LETTER

TO: Amendment Section
Division of Corporations

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NAME OF CORPORA	TION: CTI General	Contractors	
DOCUMENT NUMBE	R: P1000005948	9	
The enclosed Articles of	Amendment and fee are su	bmitted for filing.	
Please return all correspo	ondence concerning this ma	itter to the following:	
		Robert Thomas	;
		Name of Contact Perso	on
	СТІ	General Contracto	rs, Inc.
		Firm/ Company	
		3712 NW 71st Str	eet
		Address	
_		Miami, FL 3314	
		City/ State and Zip Coo	de
		rob@ctigencon.r	
	E-mail address: (to be us	sed for future annual repor	t notification)
For further information c	oncerning this matter, pleas	se call:	
Janine Br	own	at (305	, 725-3842
Name of (Contact Person		nde & Daytime Telephone Number
Enclosed is a check for the	ne following amount made	payable to the Florida Dep	partment 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)
Amend Divisio P.O. Bo	g Address Iment Section on of Corporations ox 6327 ussee, FL 32314	Ameno Divisio The C 2415	Address dment Section on of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303

Articles of Amendment fo Articles of Incorporation

CTI General Contractors, Inc.

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

P100000	59489			
(Document Number	er of Corporation (if known)		··	
Pursuant to the provisions of section 607.1006, Florida Statutes, t its Articles of Incorporation:	his Florida Profit Corporation	adopts the fol	lowing amenda	ment(s)
A. If amending name, enter the new name of the corporation	<u>:</u>		771	
name must be distinguishable and contain the word "corporation, "Inc.," or Co.," or the designation "Corp," "Inc," or "Co" "chartered," "professional association," or the abbreviation "P.	. A professional corporation	l" or the abbro name_must_c	The no eviation "Corp. contain the wo	
B. Enter new principal office address, if applicable:			202	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)			2 A1	-
	·	`	70	CAMERINA
			6	_ 2
C. Enter new mailing address, if applicable:			SSEC	
(Mailing address MAY BE A POST OFFICE BOX)			m_ =	
			<u> </u>	_
D. If amending the registered agent and/or registered office a new registered agent and/or the new registered office addr		ame of the		
Name of New Registered Agent				
	 -			
(Floride	street address)			
New_Registered Office Address:		, Florida		
New Negasierea Comer Mauress.	(City)	, rionda	(Zip Code)	_
N. B. Carlotte and Co. Carlotte and Carlotte and Carlotte and Carlotte and Carlotte and Carlotte and Carlotte				
New Registered Agent's Signature, if changing Registered Ag. I hereby accept the appointment as registered agent. I am familia	ent: ar with and accept the obligation	ons of the posi	tion.	
C C	,	,		
Signature of Va	a Panistanal tome if showing			
	w Registered Agent, if changing			
Check if applicable				

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), 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	<u>PT</u>	John Doe		
X Remove	<u>v</u>	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s	
1) Change	P	Thomas Kornahrens	3712 NW 71st Street	
X Add			Miami, FL 33147	
Remove				
2) X Change	V	Robert Thomas	3712 NW 71st Street	
Add			Miami, FL 33147	
Remove Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change			·	
Add				
Remove				

	eets. if necessary).	(Be specific)			
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an amendment ne	rovides for an excha	inge, reclassification,	or cancellation of ic-	med chares	
	lementing the amen	dment if not containe	ed in the amendment	itself:	
rovisions for impl	le, indicate N/A)				
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The date of each amendment(s) addate this document was signed.	loption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :	04/06/2022	
	(no more than 90 days after amend	ment file date)
Note: If the date inserted in this bedocument's effective date on the De	lock does not meet the applicable statutory filin partment of State's records.	g requirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were add action was not required.	pted by the incorporators, or board of directors v	vithout shareholder action and shareholder
☐ The amendment(s) was/were add by the shareholders was/were su	pted by the shareholders. The number of votes of flicient for approval.	east for the amendment(s)
	roved by the shareholders through voting groups each voting group entitled to vote separately on	
"The number of votes cast	for the amendment(s) was/were sufficient for app	proval
by		
,	(voting group)	,
Signature(By a di	rector, president or other officer – if directors or	
	l, by an incorporator – if in the hands of a receive	er, trustee, or other court
appoint	ed fiduciary by that fiduciary)	
	Robert Thomas	
	(Typed or printed name of person sig	ning)
	Director	
	(Title of person signing)	

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