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COVER LETTER

NAME OF CORPORATION:	TO: Amendment Section Division of Corporation		_		
The enclosed Articles of Amendment and fee are submitted for filling. Please return all correspondence concerning this matter to the following: Nettic DAVIS Name of Contact Person Nettic DAVIS Name of Contact Person Address Address City/ State and Zip Code Nettic DAVIS City/ State and Zip Code Nettic DAVIS City/ State and Zip Code Nettic DAVIS For further information concerning this matter, please call: Nettic DAVIS Name of Contact Person Firmil Company at (386) 252-4576 Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: Street Address Mailing Address Street Address Street Address	STATE OF COMBON	1 isto	2 & Morn	zis Mn.	TNa.
The enclosed Articles of Amendment and fee are submitted for filling. Please return all correspondence concerning this matter to the following: Nettice Davis Name of Contact Person Nettice Davis Firm? Company 922 SW BAHA DE Address City/ State and Zip Code Hermail address: (to be used for future annual report notitication) For further information concerning this matter, please call: Nettice Davis Name of Contact Person Final address: (to be used for future annual report notitication) For further information concerning this matter, please call: Name of Contact Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: Street Address Mailing Address Street Address Street Address Street Address	-	۲۱۱۵۶: الحرارة			1
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Nettie DAVIS Name of Contact Person Nettie DAVIS T NC Firm' Company 922 SW BAYA DR Addrss LAHE City State and Zip Code Nettie DAVIS INC Q Amail. Com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Nettie DAVIS Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: S35 Filing Fee Certificate of Status Certificate of Status Certificate of Status Cadditional copy (Additional Copy (Additional Copy is enclosed) Mailing Address Street Address Street Address	The enclosed Articles of	f Amendment and fee are su	ibmitted for filing.)
Name of Contact Person Paris Paris Person Paris Paris Paris Company Gityl State and Zip Code Hethie davis inc @gmail Com E-mail address: (to be used for future annual seport notification) For further information concerning this matter, please call: Nettic Paris Name of Contact Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: S35 Filing Fee S43.75 Filing Fee & S43.75 Filing Fee & Sertificate of Status (Additional copy is certified Copy (Additional Copy is enclosed) Mailing Address Street Address	Please return all corresp	ondence concerning this ma	atter to the following:		
Firm! Company 922 SW BAMA DR Address Lake City F1 32025 City! State and Zip Code Nettie davisine Q gmail. Com E-mail address: (to be used for future annual sport notification) For further information concerning this matter, please call: Nettie Davis at (386 252-4576 Name of Contact Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: S35 Filing Fee Secritificate of Status Certificate of Status (Additional copy is Certified Copy (Additional Copy is enclosed) Mailing Address Street Address Street Address	-	Nettic	DAVIS		<u> </u>
For further information concerning this matter, please call: Wethie Davis at (386) 252-4576 Name of Contact Person Area Code & Daytime Telephone Number	_	Nettic	DAVIS I	NC	
City/ State and Zip Code Nettie Avis iNC Gamail. Com E-mail address: (to be used for future annual peport notification) For further information concerning this matter, please call: Nettie Avis at (386) 252-4576 Name of Contact Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: S35 Filing Fee S43.75 Filing Fee & S43.75 Filing Fee & S52.50 Filing Fee Certificate of Status (Additional copy is Certified Copy (Additional Copy is enclosed) Mailing Address Street Address Street Address Mailing Address Street		•	Firm/ Company		1
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City/ State and Zip Code Nettie Avis iNC Gamail. Com E-mail address: (to be used for future annual peport notification) For further information concerning this matter, please call: Nettie Avis at (386) 252-4576 Name of Contact Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: S35 Filing Fee S43.75 Filing Fee & S43.75 Filing Fee & S52.50 Filing Fee Certificate of Status (Additional copy is Certified Copy (Additional Copy is enclosed) Mailing Address Street Address Street Address Mailing Address Street		LAKE (2:ty Fl	32025	
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Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address	Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:	
	S35 Filing Fee	•	Certified Copy (Additional copy is	Certificate of Status Certified Copy (Additional Copy	
Division of Corporations P.O. Box 6327 Tallahassee, FI. 32314 Tallahassee, FI. 32314 Tallahassee, FI. 32303 Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FI. 32303	Amer Divisi P.O. I	adment Section ion of Corporations Box 6327	Amend Divisio The Co 2415 Y	lment Section in of Corporations entre of Tallahassee 8. Monroe Street, Suite 810	

Articles of Amendment to Articles of Incorporation

Articles of the	orporation	
histon & Morris	MASONRY IN	رد
(Name of Corporation as currently	filed with the Florida Dept. of State)	
P11000020	908	
	Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>E</i> its Articles of Incorporation:	Florida Profit Corporation adopts the follo	wing amendment(s) to
A. If amending name, enter the new name of the corporation:		
Liston MASONRY Ir	V C_	79.
name must be distinguishable and contain the word "corporation," "co	ompany," or "incorporated" or the abbrevi	The new ation "Corp.,"
"Inc.," or Co.," or the designation "Corp.," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	professional corporation name must co	tain the word
B. Enter new principal office address, if applicable:	11731 NS 1883	f 5+
(Principal office address MUST BE A STREET ADDRESS)	11731 NE 1885 LAKE Butler	El 2007/
	-FAME PULLER	
		, no
C. Enter new mailing address, if applicable:		
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)		2554 x 1 2
D. If amending the registered agent and/or registered office addre	ess in Florida, enter the name of the	
new registered agent and/or the new registered office address:		310 G
Name of New Registered Agent		그 의 당
		id 97
(Florida stre	et address)	
New Registered Office Address:	, Florida	
•	(Z.	D Code)
		<u> </u>
New Registered Agent's Signature, if changing Registered Agent:		}
I hereby accept the appointment as registered agent. I am familiar w.	ith and accept the obligations of the positio	1
	·	<u> </u>
Signature of New Re	gistered Agent, if changing	
Check if applicable	\ r.c	
☐ The amendment(s) is/are being filed pursuant to s. 607,0120 (11) (c	t), r.S.	

President, Treasurer, Director would be PTD. Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mtke 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. Evample: X Change PΓ <u>John Doe</u> X Remove \underline{V} Mike Jones $X \land Add$ \underline{SV} Sally Smith <u>Titl</u>e Type of Action Name <u>Address</u> (Check One) D ____ Change ____ Add X Remove 2) ____ Change Remove Change ____ Add __ Remove 4) ____ Change ____ Add ____ Remove 5) ____ Change ____ Add __ Remove 6) ____ Change ____ Add

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and

P = President; V = Vice | President; T = Treasurer, S = Secretary; P = 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.

address of each Officer and/or Director being added:

Please note the officer/director title by the first letter of the office title;

(Attach additional sheets, if necessary)

____ Remove

SECRETATION OF FILE

The date of each amendment(s) ado date this document was signed.	ption: <u>9/1/2024</u> 9/1/2024	:	, if other than the
Effective date if applicable:	91.12024		
	(no neve than 90 days o	after amendment file date)	
Note: If the date inserted in this blo locument's effective date on the Depa		atutory filing requirements, this date	till not be listed as the
Adoption of Amendment(s)	(CHECK ONE)		
The amendment(s) was/were adopt action was not required.	ed by the incorporators, or board of	f directors without shareholder action a	nd shareholder
The amendment(s) was/were adopt by the sharcholders was/were suff	•	er of votes east for the amendment(s)	
	oved by the shareholders through vouch voting group entitled to vote sep	oting groups. The following statement operately on the amendment(s):	
"The number of votes cast fo	r the amendment(s) was/were suffic	cient for approval	
bi David	Liston (voting group)	,,,	
	(voting group)		
Dated 9	5/2024		2874 SEC.
Signature &	evil distan		AL SE
(By a dire	ctor, president or other officer - if o		Ţ :
	by an incorporator – if in the hands. I fiduciary by that fiduciary)	of a receiver, trustee, or other court	
_	DAVID List	-0 N	<u> </u>
	(Typed or printed name of	(person signing)	17.29
	Pres		# ©
_	(Title of person signing)		