

P 110000 646 18

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:  
*called 5/2/18 -S*

Office Use Only



200312514892 ✓

05/01/18--01033--006 \*\*35.00

S TALLENT  
MAY 29 2018

FILED  
18 MAY 25 AM 11:19

*N/C*



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 3, 2018

MS. IMANI A. BOYKIN, ESQ.  
LAW OFFICE OF IMANI BOYKIN, P.A.  
6160 ARLINGTON EXPY.  
JACKSONVILLE, FL 32211-7142

SUBJECT: J-DADDY CONSTRUCTION, INC.  
Ref. Number: P11000064618

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):


PLEASE CORRECT NEW NAME FOR SPELLING ACCURACY.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Susan Tallent  
Regulatory Specialist II

Letter Number: 918A00009172

RECEIVED  
BY: 



Law Office of Imani Boykin, P.A.  
Excellence in Representation

6160 Arlington Expressway  
Jacksonville, FL 32211  
www.ImaniBoykin.com

(904) 632-4836 Office  
(904) 399-8348 Fax  
Reception@ImaniBoykinPA.com

May 22, 2018

Ms. Susan Talient, Regulatory Specialist  
Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: J-Daddy Construction, Inc.  
Ref. No.: P11000064618

Dear Ms. Talient:

Thank you for catching the error in the spelling of the corporation's new name. Please find enclosed a corrected page for recording in your records. Should you have any questions, please do not hesitate to call me at (904) 632-4836.

Sincerely,

  
Imani A. Boykin, Esq.

/IAB

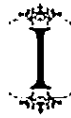
Enclosure:

Amendment Request for J-Daddy Construction, Inc.  
Copy of Letter Dated May 3, 2018 from S. Talient

RECEIVED

18 MAY 25 AM 11:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**Law Office of Imani Boykin, P.A.**  
Excellence in Representation

6160 Arlington Expressway  
Jacksonville, FL 32211  
www.ImaniBoykin.com

(904) 632-4836 Office  
(904) 399-8348 Fax  
Reception@ImaniBoykinPA.com

April 19, 2018

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

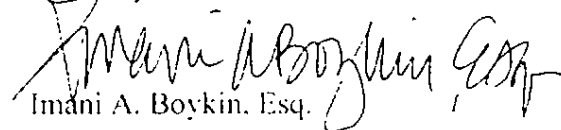
Re: Amendment to J-Daddy Constructions, Inc.

Dear Amendment Section:

Please find enclosed the paperwork for a change of name for my client J-Daddy Construction, Inc. to Masanotti Construction & Remodeling, Inc. Also enclosed is an attorney check #3229 for the amendment in the amount of \$35.00.

I will be out of the office from April 20, 2018 through May 7, 2018 but may be telephoned at that time if there are additional questions. Thank you for your assistance.

Sincerely,

  
Imani A. Boykin, Esq.

/IAB

cc: James C. Masanotti

Enclosure:

Amendment Paperwork  
Attorney Check #3229 in the amount of \$35.00

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: J-DADDY CONSTRUCTION, INC.

DOCUMENT NUMBER: P11000064618

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

MS. IMANI A. BOYKIN, ESQ.  
Name of Contact Person  
LAW OFFICE OF IMANI BOYKIN, P.A.  
Firm/ Company  
6160 ARLINGTON EXPY.  
Address  
JACKSONVILLE, FL 32211-7142  
City/ State and Zip Code

IBOYKIN@IMANIBOYKINPA.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

IMANI A. BOYKIN, ESQ. at ( 904 ) 632-4836  
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:

- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> \$35 Filing Fee | <input checked="" type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy<br>is enclosed) |
|--|---|---|--|

**Mailing Address**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Articles of Amendment  
to  
Articles of Incorporation  
of

J-DADDY CONSTRUCTION, INC.

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

PI11000064618

(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:

A. If amending name, enter the new name of the corporation:

MASANOTTI CONSTRUCTION & REMODELING, INC.

*The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."*

B. Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

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 address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent

(Florida street address)

New Registered Office Address:

(City)

, Florida

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

*I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.*

*Signature of New Registered 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)*

*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                      V              Mike Jones

X Add                              SV              Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add	_____	_____	_____
<input type="checkbox"/> Remove	_____	_____	_____
2) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add	_____	_____	_____
<input type="checkbox"/> Remove	_____	_____	_____
3 ) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add	_____	_____	_____
<input type="checkbox"/> Remove	_____	_____	_____
4) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add	_____	_____	_____
<input type="checkbox"/> Remove	_____	_____	_____
5) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add	_____	_____	_____
<input type="checkbox"/> Remove	_____	_____	_____
6) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add	_____	_____	_____
<input type="checkbox"/> Remove	_____	_____	_____

(Attach additional sheets, if necessary). (Be specific)

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins or other markings on the paper.

(if not applicable, indicate N/A)

[illegible]

The date of each amendment(s) adoption: \_\_\_\_\_ if other than the date this document was signed.

Effective date if applicable: \_\_\_\_\_  
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 \_\_\_\_\_."  
(voting group)

- ☒ 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 April 14, 2018  
Signature James C. Masanotti  
(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)

JAMES C. MASANOTTI

\_\_\_\_\_  
(Typed or printed name of person signing)

DIRECTOR / PRESIDENT

\_\_\_\_\_  
(Title of person signing)