P11000073578

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COVER LETTER

Amendment Section Division of Corporations

Tallahassee, FL 32314

ME OF CORPO	RATION: LRA CONSTRUC	TION, INC.		
	BER: P11000073578			
enclosed Articles	of Amendment and fee are su	bmitted for filing.		
ase return all corre	espondence concerning this ma	tter to the following:		
	RAMOS, LEMUEL A			
Name of Contact Person				
	LRA CONSTRUCTION, IN	C.		
		Firm/ Company		
	4702 SW 67 AVE. UNIT 01	4		
		Address		
	MIAMI, FL 33155			
		City/ State and Zip Code	:	
	seayachartersincl@gmail.co	m		
	E-mail address: (to be us	sed for future annual report	notification)	
For further information	on concerning this matter, pleas	se call:		
RICARDO MALDO	NADO, JR.	at (633-9654	
Name of Contact Person		Area Coo	le & Daytime Telephone Number	
Enclosed is a check f	or the following amount made	payable to the Florida Depa	irtment 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)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327		Amend Divisio	Address ment Section n of Corporations entre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment Articles of Incorporation of

A CONSTRUCTION, INC.

Check if applicable

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

2022 OCT 24 AM 7: 28 (Name of Corporation as currently filed with the Florida Dept. of State) 1000073578 (Document Number of Corporation (if known) rsuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to Articles of Incorporation: If amending name, enter the new name of the corporation: time must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," lnc.," 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. 4702 SW 67 AVE. UNIT 014 3. Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS) MIAMI, FL 33155 C. Enter new mailing address, if applicable: 8 ISLE OF VENICE DRIVE APT 10 (Mailing address MAY BE A POST OFFICE BOX) FORT LAUDERDALE, FL 33301 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: MANNICODE, LLC Name of New Registered Agent 8 ISLE OF VENICE DRIVE, APT 10 (Florida street address) Florida_33301 FORT LAUDERDALE New Registered Office Address: (City) 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. Registered Agent, if changing

nending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and ress of each Officer and/or Director being added:

ach additional sheets, if necessary)

ample:

ise note the officer/director title by the first letter of the office title:

President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief cutive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. sident, Treasurer, Director would be PTD.

anges 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 hange, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, ke Jones, V as Remove, and Sally Smith, SV as an Add.

Change	PT	John Doe	
<u>⟨</u> Remove	<u>v</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
ype of Action Check One)	Title	<u>Name</u>	<u>Addres</u> s
) Change	SA	Ricardo Maldonado JA	8 ISLE OF VENICE DR. APT 10
X Add			FORT LAUDERDALE, FL
Remove			33301
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Ađd			
Remove			
6) Change			
Add			
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If an amendment provides for ar	h	!	an of insured absence	
ii an amenumeni drovides ior ai	rexchange, reclassing	cation, or cancenati	on or issued shares.	
and the second s	<u>e amendment ii not c</u>	ontained in the ame	nameni usen:	
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this document was signed.	loption:	, if other than th
tms document was signed.		
ective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	· · · · · · · · · · · · · · · · · · ·
e: If the date inserted in this bl ument's effective date on the De	lock does not meet the applicable statutory filing requirements, this partment of State's records.	date will not be listed as th
option of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ado action was not required.	pted by the incorporators, or board of directors without shareholder ac	ction and shareholder
The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendment flicient for approval.	nt(s)
	roved by the shareholders through voting groups. The following state each voting group entitled to vote separately on the amendment(s):	ment
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	"	
·	(voting group)	
Dated	Compa fram	
selected	rector, president or other officer – if directors or officers have not been a, by an incorporator – if in the hands of a receiver, trustee, or other content in the fiduciary by that fiduciary)	
	LEMUEL A. RAMOS	
	(Typed or printed name of person signing)	······
	PRESIDENT	