# P13000043450

/Po	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
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# **COVER LETTER**

Division of Corporations
NAME OF CORPORATION: DE COASTAJ Wood Contractors compositiones 130000 43450
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Dunia Fernande 2 Name of Contact Person
Firm/ Company
1823 Keenland eircle
Address
West Palm Beach 1FL 33415 City/ State and Zip Code
12-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call;
Dunia Fernandez at (561) 2945378  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:
\$35 Filing Fee  Certificate of Status  Certified Copy (Additional copy is enclosed)  Certified Copy (Additional Copy is enclosed)  \$43.75 Filing Fee & Certified Copy (Additional Copy is enclosed)

# Mailing Address

TO: Amendment Section

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

DF COASTAL WOO	D CONTRACT	TORS CORP	_
(Name of Corporation as currently filed with	th the Florida Dept. of Sta	<u>te</u> )	•
P 130000 4 3 4 (Document Number of Corpo	50	<del></del>	_
(Document Number of Corpo	ration (if known)		
Pursuant to the provisions of section 607,1006, Florida Statutits Articles of Incorporation:	tes, this Florida Profit Corp	coration adopts the following	g amendment(s) to
A. If amending name, enter the new name of the corpora	tion:		
4.0			_The new
name must be distinguishable and contain the word "cor" "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc. word "chartered," "professional association," or the abbrev	z." or "Co". A profession	· "incorporated" or the ac al corporation name must (	bbreviation contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>			-
			-
			- 🚣 🐫
C. Enter new mailing address, if applicable:			<b>2 3</b>
(Mailing address MAY BE A POST OFFICE BOX)			
D. If amending the registered agent and/or registered off new registered agent and/or the new registered office		er the name of the	٠ د د
Name of New Registered Agent		<u></u>	
(F)	lorida street address)		
New Registered Office Address:		_, Florida	
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am for		obligations of the position.	
01 AV D			
Signature of New Reg	istered 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.

X Change	PT John Doe	•
X Remove	<u>V</u> <u>Mike Jones</u>	
_X Add	SV Sally Smith	
Type of Action (Check One)	<u>Title</u> <u>Name</u>	<u>Addres</u> s
1) Change Add Remove	5 Mauro D Rivera	1798 Abbey vd apt c208 West Palm Beach FL, 33415
2) Change Add Remove	V Angel H Colon	5286 Hendoza strect West Palm Beach FL 33415
3 ) Change Add Remove		
4) Change Add Remove		
5) Change Add Remove		
6) Change Add Remove		

Attach additional sheets, if necessary).	. (Be specific)	
		_
	4.4	
1117		
	****	_
If an amendment provides for an exc	change, reclassification, or cancellation of issued shares, nendment if not contained in the amendment itself:	
(if not applicable, indicate N/A)	tendment it not contained in the amendment useri.	
11/14		
		_

The date of each amendment(s) adoption:	if other than the
date this document was signed.	
Effective date if applicable: 6/30/14.	
(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"  (voting group)	
(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.	
Dated6/30/14	
Signature  (By a director, president or other officer—if directors or officers have not been selected, by an incorporator—if in the bands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
Dunia Fernandez  (Typed or printed name of person signing)	
President	_
(Title of person signing)	