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COVER LETTER

TO: Amendment Section

Division of Corporations BERKLEY CONSTRUCTION BUILDERS INC NAME OF CORPORATION: **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: **HELEN RODRIGUEZ** Name of Contact Person TAXSMART ACCOUNTING SERVICES LLC Firm/ Company 6653 POWERS AVE STE 136 Address JACKSONVILLE, FL 32217 City/ State and Zip Code TAXSMARTCORP@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: **HELEN RODRIGUEZ** 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 □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed) Mailing Address Street Address Amendment Section Amendment Section **Division of Corporations Division of Corporations** P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

BERKLE	YCC	NSTRI	ICTION	BUIL	DERS	INC
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(Name of Corporation as curren	tly filed with the Florida Dept. of State)		
P13000044960			
. (Document Number	of Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, thi its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s) to		
A. If amending name, enter the new name of the corporation:			
	The new		
name must be distinguishable and contain the word "corporate "Corp.," "Inc.," or Co" or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the		
B. Enter new principal office address, if applicable:	3545 ST JOHNS BLUFF RD S STE #1 PMB 324		
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	JACKSONVILLE, FL 32224		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	3545 ST JOHNS BLUFF RD S STE #1 PMB 324		
	JACKSONVILLE, FL 32224		
D. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office addre			
Name of New Registered Agent			
(Florida s	street address)		
New Registered Office Address:	(City) , Florida (Zip Code)		
	(City)		
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familia			
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	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	_Title	<u>Name</u>	<u>Addres</u> s
X Change	P	VANESSA C LEONOR	3545 ST JOHNS BLUFF RD S
Add			STE #1 PMB 324
Remove			JACKSONVILLE, FL 32224
2) X Change	T	CEIN QUEZADA	3545 ST JOHNS BLUFF RD S
Add			STE #1 PMB 324
Remove			JACKSONVILLE, FL 32224
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			<u> </u>
Remove			

ttach additional she	ng additional Article eets, if necessary). ((Be specific)			
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<u>provisions for impl</u>	rovides for an exchar lementing the amend ble, indicate N/A)	nge, reclassification Iment if not conta	on, or cancellation	on of issued share ndment itself:	<u>s.</u>
			<u> </u>		
					
			-		

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 wil document's effective date on the Department of State's records.	l not be listed as th
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.	
07/29/2016 Dated Signature	
(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)	7 S
VANESSA C LEONOR	E T
(Typed or printed name of person signing)	
	A DIM
PRESIDENT	75 75 0
(Title of person signing)	*