PIDURTIS

(Requestor's Name)				
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PICK-UP	☐ WAIT	MAIL		
(Bu	usiness Entity Name)			
(Document Number)				
Certified Copies	_ Certificates of	Status		
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And

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: CML Construction	n Enterprises, Inc.	
DOCUMENT NUMBER: P13000069725		
The enclosed Articles of Amendment and fee are s	ubmitted for filing.	
Please return all correspondence concerning this ma	atter to the following:	
Catherine M. Lampe		
***************************************	Name of Contact Person	1
CML Construction Enterpris	ses, Inc.	
	Firm/ Company	
2246 Tivoli Lane		
	Address	
Saint Johns, Florida 32259		
	City/ State and Zip Cod	e
c.lampe@comcast.net		
	ised for future annual report	notification)
·	•	,
For further information concerning this matter, plea	se call:	
Catherine M. Lampe	904 at (598-4008
Name of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for the following amount made	payable to the Florida Depa	urtment of State:
\$35 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 Tallahassee, FL 32314	Amend Divisio Clifton	Address ment Section n of Corporations Building xecutive Center Circle

Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation

	of Corporation as currently filed with th	e Florida Dept. of State)
		MALLAHAS LE FITTE IN
	(Document Number of Corporation (if known)
rsuant to the provisions of section 607. Articles of Incorporation:	1006, Florida Statutes, this Florida Profit	Corporation adopts the following amendmen
If amending name, enter the new na	me of the corporation:	
	ation "Corp," "Inc," or "Co". A profes	The new " or "incorporated" or the abbreviation assional corporation name must contain the
Enter new principal office address, principal office address MUST BE A S		
Enter new mailing address, if appli (Mailing address MAY BE A POST)	cable: OFFICE BOX)	
If amending the registered agent an new registered agent and/or the nev	d/or registered office address in Florida, v registered office address;	enter the name of the
Name of New Registered Agent	DeAnna L. Watt	
	2278 Windjammer Ln E	
	(Florida street address)	
	Independent	32259
New Registered Office Address:	Jacksonville	, Florida
New Registered Office Address:	(City)	(Zip Code)

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 Jone	<u>ss</u>	
X Add	<u>sv</u>	Sally Smit	<u>th</u>	
Type of Action (Check One)	<u>Title</u>	1	Name	<u>Addres</u> s
1) Change	ST		DeAnna L Watt	2278 Windjammer Lane E
X Add				Jacksonville, Florida 32224
Remove				
2) Change				
Add				
Remove				
3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change		<u> </u>		
Add				
Remove				
6) Change				
Add				
Remove				

Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
f an amendment provides for an exchiprovisions for implementing the amer (if not applicable, indicate N/A)	ange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:
(у погаррисионе, таксине полу	
	PROFESSION AND A STREET OF THE

	10/1/2015		
The date of each amendment(s) as date this document was signed.	loption:		, if other than the
Effective date <u>if applicable</u> :			
	(no more than 90	days after amendment file date)	
Note: If the date inserted in this be document's effective date on the De		ble statutory filing requirements, this date	will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)		
☐ The amendment(s) was/were add by the shareholders was/were su		number of votes cast for the amendment(s)	
		ngh voting groups. The following statement ote separately on the amendment(s):	nt
"The number of votes cast	for the amendment(s) was/were	sufficient for approval	
by	(voting group)	27	
	(voting group)		
☐ The amendment(s) was/were add action was not required.	pted by the board of directors w	vithout shareholder action and shareholder	
The amendment(s) was/were add action was not required.	pted by the incorporators withou	ut shareholder action and shareholder	
10/1/2015 Dated			
Signature	Thewis 81 Lamps		
` •		r - if directors or officers have not been	
	a, by an incorporator – it in the ited fiduciary)	hands of a receiver, trustee, or other court	
	Catherine M.		
	(Typed or printed na	ume of person signing)	
	President		
	(Title of	person signing)	