## P14000011727

(Re	equestor's Name)			
(Ac	ddress)			
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## **COVER LETTER**

	FORTA CONTRACTORS CORRORATION
NAME OF COR	PORATION: FORZA CONTRACTORS CORPORATION
DOCUMENT N	UMBER: P14000011727
	icles of Amendment and fee are submitted for filing.
Please return all e	correspondence concerning this matter to the following:
	LUIS A. RUIZ
	Name of Contact Person
	FORZA CONTRACTORS CORPORATION
•	Firm/ Company
	837 103RD AVE N
	Address

al@coopertaxes.com

NAPLES, FL 34108

E-mail address: (to be used for future annual report notification)

City/ State and Zip Code

For further information concerning this matter, please call:

TO: Amendment Section

Division of Corporations

LUIS A. RUIZ		<sub>at (</sub> 321	, 947-6636	
Name of Contact Person		Area Code & Daytime Telephone Numb		
Enclosed is a check for	the following amount made	påyable to the Florida Depa	artment of State:	
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□S43.75 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

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

## Articles of Amendment Articles of Incorporation

## FORZA CONTRACTORS CORPORATION

P14000011727

(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

me must be distinguishable and contain the	wand "expression"	"company" or	"incornorat	The
me must be distinguishable that commit the Corp.," "Inc.," or Co.," or the designation "Cord "chartered." "professional association." or	Corp." "Inc." or "Co	' A professiona	l corporation	n name must contain
Enter new principal office address, if applic				· <del></del>
rincipal office address <u>MUST BE A STREET</u>	ADDRESS )	····		
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE	E BOX)			
. If amending the registered agent and/or res	ristered office addres	s in Florida, ente	r the name o	of the
. If amending the registered agent and/or reg new registered agent and/or the new registe		s in Florida, ente	r the name (	of the
new registered agent and/or the new registe			r the name (	of the
new registered agent and/or the new register	ered office address:		r the name (	of the
	ered office address:		r the name o	of the
new registered agent and/or the new register	ered office address: (Florida stree			
new registered agent and/or the new register  Name of New Registered Agent	ered office address:	uddress)		
new registered agent and/or the new register  Name of New Registered Agent	ered office address: (Florida stree	uddress)		

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)	<u>Title</u>	Name	Address
1) Change	VP	GUILLERMO LEON RUIZ	837 103rd AVE N
Add			NAPLES, FL 34108
Remove			
2) Change	<u>VP</u>	CARLOS ANDRES RUIZ	837 103rd AVE N
Add			NAPLES, FL 34108
Remove			
3) Change			,
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			
L Kemove			

ach additional sheets, if necessary).	(Be specific)
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	APP
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n amendment provides for an excl	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	municity is not contained in the amendment users.

The date of each amendment(s) adoption: 10/10/2014	, if other than the
date this document was signed.	
Effective date if applicable: 10/10/2014	
(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)	
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 10/10/2014	
Signature A Dui  (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)	
LUIS A. RUIZ	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	_