P140000 52434

(Re	equestor's Name)	
(Ad	ldress)	
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(Ci	ty/State/Zip/Phone #)
PłCK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name	
(Do	ocument Number)	
Certified Copies	_ Certificates of	Status
Special Instructions to	Filing Officer:	

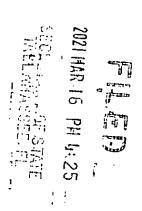
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A. Butler

COVER LETTER

TO: Amendment Section

Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations
NAME OF CORPORATION: Roman's Cerdafied Construction Incomment number: P1400052434
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Contact Person Roman's Cerdafied Construction, Inc Firm/ Company 130 Karen Cercle Address Pensacola F1 32514 City/ State and Zip Code Cerdafied Construction @ Outlook.com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Contact Person at (850) 375-9638 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
S35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) S43.75 Filing Fee & S52.50 Filing Fee Certificate of Status (Additional copy is enclosed)
Mailing Address Amendment Section Street Address Amendment Section

Division of Corporations
The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

Articles of Amendment

to

Articles of Inco of	rporation for the first
Romans Cordafied Co	filed with the Fideble Debut of State)
P 14 0000 5 2434 (Document Number of	Stop of the second
(Document Number of	Corporation of knowing EE, FL
Pursuant to the provisions of section 607,1006, Florida Statutes, this F its Articles of Incorporation:	Ilorida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
NΔ	The new
name must be distinguishable and contain the word "corporation," "co "Inc.," or Co.," or the designation "Corp," "Inc." or "Co". A "chartered," "professional association," or the abbreviation "P.A."	ompany," or "incorporated" or the abbreviation "Corp.,"
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	NA
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NA
D. If amending the registered agent and/or registered office addre	ess in Florida, enter the name of the
new registered agent and/or the new registered office address:	
Name of New Registered Agent \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
(Florida stree	address)
New Registered Office Address: 1	; Florida
^	11) (rap code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wi	ith and accept the obligations of the position
Signature of New Rev	gistered Agent, if changing
	· · · · · · · · · · · · · · · · · · ·
Check if applicable ☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e	e), F.S.

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.

\underline{X} Change	PT John Doe	
X Remove	<u>V</u> <u>Mike Jones</u>	
<u>X</u> Add	SV Sally Smith	
Type of Action (Check One)	<u>Title</u> <u>Name</u>	<u>Addres</u> s
1) Change	D Thomas Pendleto	on 5245 Chestant Avi
Add Remove	_	Pace, fl. 32571-8212
2) Change	D Tracy Hale	209 ArborAVe Pensacula H
Add Remove Change		32534
Add Remove 4) Change Add		
Remove 5) Change Add		
Remove 6) Change		
Add		

	dding additional Art sheets, if necessary).	(Be specific)	<u> </u>		
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an amendmei	t provides for an exc	hange, reclassifica	tion, or cancellati	ion of issued share	PS.
provisions for	mplementing the amo	endment if not con	tained in the ame	endment itself:	
(if not appl	cable, indicate 874)				
AΙΛ					
N#1					-
<u></u>			- · ·		-
		<u></u>		1-17	

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The date of each amendment(s) a	loption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment)	file date)
Note: If the date inserted in this bedocument's effective date on the De	lock does not meet the applicable statutory filing requestrement of State's records.	uirements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were add action was not required.	opted by the incorporators, or board of directors withou	t shareholder action and shareholder
☐ The amendment(s) was/were add by the shareholders was/were so	opted by the shareholders. The number of votes cast for afficient for approval.	r the amendment(s)
☐ The amendment(s) was/were approvided for	proved by the shareholders through voting groups. The each voting group entitled to vote separately on the an	following statement nendment(s):
"The number of votes cast	for the amendment(s) was/were sufficient for approval (voting group)	· · ·
selecto	irector, president or other officer - if directors or officed, by an incorporator - if in the hands of a receiver, trusted tiduciary by that fiduciary)	ers have not been stee, or other court
	(Typed or printed name of person signing)	
	CFO	
	(Title of person signing)	

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