P14000055912

(Re	equestor's Name)	
(Ad	dress)	
(Ac	ddress)	
(Cit	ty/State/Zip/Phone	e #)
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SEP 28 2016

C LEWIS

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Marksn	nan Construction, Onc.
DOCUMENT NUMBER: P140000	55912
The enclosed Articles of Amendment and fee are so	ubmitted for filing.
Please return all correspondence concerning this ma	atter to the following:
Marksn 1527 Casse mark@ma	Name of Contact Person Nen Construction, Inc. Firm/ Company ELL Stone De. D Address 1 berry FL 32707 City/ Stateland Zip Code arksman Construction, Com
E-mail address: (to be u	sed for future annual report notification)
For further information concerning this matter, plea	se call:
Mark Jolly	al (407) 572-4266
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) \$\int \frac{1}{3}\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section	Street Address Amendment Section

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

FILED

Articles of Amendment to Articles of Incorporation

2016 SEP 23 AH 7: 57

100. 1/2	of 	1· . N		
Name of Co	rporation as currently	TOIC, U	rida Dent. of State)	
O	14000055	_	- Ida Dopa of State	
	(Document Number of	<i></i>	own)	
Pursuant to the provisions of section 607.1006 its Articles of Incorporation:	, Florida Statutes, this F	lorida Profit Corp	oration adopts the fo	llowing amendment(s)
A. If amending name, enter the new name of	of the corporation:			
Marksmen	Construc	tion Ir	nc.	The new
name must be distinguishable and contain "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association,	"Corp," "Inc," or "C	Co". A profession	"incorporated" or al corporation name	the abbreviation must contain the
B. Enter new principal office address, if ap (Principal office address MUST BE A STRE		NIA		
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF) D. If amending the registered agent and/or new registered agent and/or the new reg	(CE BOX) registered office addre	N/A	er the name of the	
Name of New Registered Agent	11A			
Nume of New Registered Agent	TVIII.			
	(Florida stre	et address)		
New Registered Office Address:			, Florida	
	(City)		(Zip Code)
New Registered Agent's Signature, if chang I hereby accept the appointment as registered		ith and accept the o	obligations of the pos	ition.
 	Signature of New Re	poistered Agent if a	chanoino	

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:

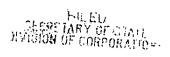
P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director 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 I	<u>Doc</u>	
X Remove	V Mike	Jones	
X Add	SV Sally	<u>Smith</u>	
Type of Action (Check One)	Title	Name NA	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
Komove			**************************************
6) Change			
Add			
Remove		•	

	nal sheets, if necessary).	ticles, enter change((Be specific)	 ,	•	
	I/A	######################################			
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fon om	ent provides for an exc or implementing the amo	hange, reclassificati endment if not cont	ion, or cancellation ained in the amend	of issued shares, ment itself:	
provisions fo	plicable, indicate N/A)				
provisions fo	plicable, indicate N/A) N A				
provisions fo	plicable, indicate N/A)				
provisions fo	plicable, indicate N/A)				
provisions fo	plicable, indicate N/A)				
provisions fo	plicable, indicate N/A)				



The date of each amendment(s) adoption:	NIA		2016 SEP 23	Alf offer than the
date this document was signed.				
Effective date if applicable:	NA			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	(no more th	an 90 days after amendment file dat	te)	
Note: If the date inserted in this block does document's effective date on the Department			nts, this date will	not be listed as the
Adoption of Amendment(s)	HECK ONE)			
☐ The amendment(s) was/were adopted by the shareholders was/were sufficient for		The number of votes cast for the ar	nendment(s)	
☐ The amendment(s) was/were approved by must be separately provided for each voti.				
"The number of votes cast for the an	nendment(s) was	/were sufficient for approval		
by		, , , , , , , , , , , , , , , , , , , ,		
6	voting group)			
The amendment(s) was/were adopted by the action was not required.	ne board of dire	ctors without shareholder action and	shareholder	
☐ The amendment(s) was/were adopted by the action was not required.	ne incorporators	without shareholder action and shar	reholder	
9/21/10	_			
Dated 12				
Signature \\\ C	~ .1			_
(By a director, pr	esident or other	officer - if directors or officers have	e not been	_
		in the hands of a receiver, trustee, or	r other court	
appointed fiducia	ary by that nauc	iary)		
•	MARK	JOLLY		
	(Typed or prin	nted name of person signing)		
	PRESIDE	-NT		
		itle of person signing)		