7140000 61774

(Re	equestor's Name)	
(Ac	ldress)	
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(Ci	ty/State/Zip/Phon	e #)
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TO: Amendment Section Division of Corporations

NAME OF CORPORATION: BEQUE BRACKETT CONTRUCTION INC.
DOCUMENT NUMBER: P1400061774
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Beay BRACKETT Name of Contact Person
BEAU BRACKETT CONSTRUCTION INC.
6080 MYRTIEWOOD RD.
Address
NORTH PORT FL 34287
City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Sea u Brackett at (941) 280-0619 Name of Contact Person Area Code & Daytime Telephone Number
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:
S35 Filing Fee
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address Amendment Section Division of Corporations Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Beau BRACKETT COMSTA (Name of Corporation as current) PSHOOOD 61774	UCTION INC,
(Name of Corporation as current	ly filed with the Florida Dept. of State)
P[4000061774	1
(Document Number o	f Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	W/A The new
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	on!" "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	70/11
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	SEP 23 PH 3:19
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office addres Name of New Registered Agent	Iress in Florida, enter the name of the s:
(Florida st New Registered Office Address:	rcet åddress) Florida
New Registered Office Auditor	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familiar Signature of New	t: with and accept the obligations of the position. 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	$\underline{\mathbf{V}}$	Mike Jon	<u>es</u>		
<u>X</u> Add	<u>SV</u>	Sally Smi	ith !		
Type of Action (Check One)	<u>Title</u>		Name		Address
1) Change	I	 -	MICHOLAS R	DBINSON	897 RIVERA LN.NU PORT CHARLOTTE, FL
Add Remove					PORT CHALOTTE, FL 33948
2) Change		_ (CORY JULIUS	PATER	
Add Remove 3) Change					1312 NORALN. NORTH PORT. FL, 34286
Add		-		 	
4) Change Add					
Remove					
5) Change				1	
Add					
Remove					
б) Change					
Add					
Remove					`

Attach additional sheets, if necessary).	(Be specific)	NA	
		1/1/	
		1	
<u>, </u>			
		<u></u>	
	 		
f an amendment provides for an excha provisions for implementing the amen	inge, reclassification dment if not contain	n, or cancellation of issued s ned in the amendment itself:	hares,
(if not applicable, indicate N/A)	N/A		
,	10/11		

The date of each amendment(s) adoption:date this document was signed.	, if other than the
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 required document's effective date on the Department of State's records.	nents, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the by the shareholders was/were sufficient for approval.	amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following the separately provided for each voting group entitled to vote separately on the amendment of the separately of the amendment of the separately of the separately of the amendment of the separately of the s	owing statement lment(s):
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by (voting group)	
(voling group)	
The amendment(s) was/were adopted by the board of directors without shareholder action a action was not required.	nd shareholder
The amendment(s) was/were adopted by the incorporators without shareholder action and saction was not required.	hareholder
Dated 9/14/19	
Signature Beau Brailett	
(By a director, president or other officer – if directors or officers be selected, by an incorporator – if in the hands of a receiver, trustee	
appointed fiduciary by that fiduciary)	of other court
Beau BRACKETT	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	