# P140000 72699

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#### **COVER LETTER**

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: Flood Masters Dry-out and Restoration Inc.
DOCUMENT NUMBER: P14000072699
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Audrey colbert Name of Contact Person
Flood Masters Dry-out and Restoration ]
124a Pine Island Rd 42-315 Address
Cape Coral, FL 33991  City/ State and Zip Code
Audrey CLovell E Yahw. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Audrey Colbeid Lovell at (239) 560-0433  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  (Additional copy is enclosed)  Certificate of Status  Certified Copy  (Additional Copy  (Additional Copy

#### 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

is enclosed)

## **Articles of Amendment**

### Articles of Incorporation of

Flood Masters Dry-Out and			
(Name of Corporation as currently		<u>f State</u> )	
P1400007			
(Document Number of C	Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, this Fits Articles of Incorporation:	lorida Profit Corporation adop	ts the following amer	idment(s)
A. If amending name, enter the new name of the corporation:	C		
LACA Enterpris	er Inc.	The	new
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Coword "chartered," "professional association," or the abbreviation "P.	" "company," or "incorporat o". A professional corporatio	ed" or the abbrevio	ation
B. Enter new principal office address, if applicable:	Same		
(Principal office address <u>MUST BE A STREET ADDRESS</u> )			
		2 - <del>1</del> 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2	7 L 
C. Enter new mailing address, if applicable:	Same		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>	
		<u> </u>	_
		5m <b>6</b>	
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	s in Florida, enter the name o	of the	
Name of New Registered Agent \( \sum_{\lambda} \)	<u> </u>		
(Florida stree	( address)		
New Registered Office Address: UTA		orida	
(C	ity)	(Zip Code)	
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I am familiar with	h and accept the obligations of	the position.	
<i>b</i>	JIA		
Signature of New Reg	ristered 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.

X Change	<u>PT</u>	John Doc	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			<u>USPN3</u>
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			



If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)				
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				### ###	FIG.
				50 Si 50 Si	124
f an amendment provides for an exch	ange, reclassification.	or cancellation	of issued shares,	177 ti	-
provisions for implementing the amer	idment if not contain	ed in the amendr	ment itself:		H
(if not applicable, indicate N/A)				22	**
				- S≓	<u>ස</u>
	.,,,,				



The date of each amendment(s) adoption:	_, if other than th
date this document was signed.	
Effective date if applicable: 7 - 1 - 19  (no more than 90 days after amendment file date)	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.	not be listed as th
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)	19
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.	FILED WN 24 PH
Dated 6-18-19 Signature Collect Loull	1:18
Signature (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)	
Audrey Colbert Lovell (Typed or printed name of person signing)	
President (Title of person signing)	