P140000093966

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LEBSS JULI ChicMAIR

COVER LETTER

TO: Amendment Section Division of Corporations					
NAME OF CORPORATION: JC AMERICAN CONTRACTORS INCOCUMENT NUMBER: P14000093966					
DOCUMENT NUMBER:					
The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
Toao C. Des Santos Name of Contact Person					
Firm/ Company					
13524 BRIDE CD.					
Address					
13524 BRIAR MOOK C.J. Address OR lando FL 32837 City/ State and Zip Code					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Joan C. dos Santos an ()					
Name of Contact Person at () 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) \$43.75 Filing Fee Certified Copy (Additional Copy is enclosed) \$43.75 Filing Fee Certified Copy (Additional Copy is enclosed)					
Mailing Address Street Address					
Amendment Section Amendment Section Division of Corporations Division of Corporations					
P.O. Box 6327 Clitton Building					
Tallahassee, FL 32314 2661 Executive Center Circle					

Tallahassee, FL 32301

Articles of Amendment

Articles of Incorporation

Pursuant to the provisions of section 607.1006. Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the o		The new
name must be distinguishable and contain the wa "Corp.," "Inc.," or Co" or the designation "Cor word "chartered," "professional association." or th	p," "Inc," or "Co". A profession	· "incorporated" or the abbreviation al corporation name must contain the
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET AD		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE Be	<u>OX</u>)	
D. If amending the registered agent and/or registered new registered agent and/or the new registered		er the name of the
Name of New Registered Agent		<u></u>
	(Florida street address)	
New Registered Office Address:	(City)	, Florida(Zip Code)
New Registered Agent's Signature, if changing Re I hereby accept the appointment as registered agent.		obligations of the position.
Sig	nature of New Registered Agent, if o	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>P1</u>	John Doe	<u>£</u>					
X Remove	\underline{V}	Mike Jor	<u>ies</u>					
X Add	<u>sv</u>	Saily Sm	<u>iith</u>					
Type of Action (Check One)	Title		Name			<u>Addres</u> s		
1) Change	VF	2 /	Adila_	da 51	va garc	ia 1352	4 BRIARMOO LO. FL 328	K (
X Add					V	OR and	6. FL 328	37
Remove								
2) Change								
Add								
Remove								
3) Change		<u> </u>						
Add								
Remove							· 	
4) Change		_						
Add								
Remove								
51 Change		_						
Add								
Remove								
6) Change		_						
Add						 -		
Remove								

Attach additional sheets, if necessary).	icles, enter change (Be specific)			
		<u>. </u>		
		· · · · · · · · · · · · · · · · · · ·		
		_		
				
				
				
f an amendment provides for an excl	nange, reclassificat	tion, or cancellati	on of issued shar	res,
provisions for implementing the ame	ndment if not con	tained in the ame	ndment itself:	
(if not applicable, indicate N/A)				
	· -			
			<u></u>	

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
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 requirements, this document's effective date on the Department of State's records.	s 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 amendment by the shareholders was/were sufficient for approval.	ent(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following state must be separately provided for each voting group entitled to vote separately on the amendment(s):	ement
"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.	
Signature (By a director, president or other officer – if directors or officers have not be selected, by an incorporator – if in the hands of a receiver, trustee, or other cappointed fiduciary by that fiduciary)	
(Typed or printed name of person signing)	AS.
President	<u> </u>
(Title of person signing)	