(F	Requestor's Name)	
	Address A	
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PICK-UP	☐ WAIT	MAIL
(E	Business Entity Name)	
(Ľ	Document Number)	
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D CUSHING

**CAPITAL CONNECTION, INC.**417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

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M&E GENERAL C	CONTRACTOR	INC			9.
<del></del>				A a St a File	
			<u></u>	Art of Inc. File	
			<del></del>	LTD Partnership File	
				Foreign Corp. File	
		,	<del></del>	L.C. File	
				Fictitious Name File	
			<u> </u>	Trade/Service Mark	
				Merger File	
			<u> </u>	Art. of Amend. File	
				RA Resignation	
			l —	Dissolution / Withdrawal	
				Annual Report / Reinstatement	
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				Certificate of Good Standing	<del></del>
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Walk-In	Will Pick Up			Courier	



## FLORIDA DEPARTMENT OF STATE Division of Corporations

May 5, 2017

CAPITAL CONNECTION, INC.

SUBJECT: M & E GENERAL CONTRACTOR INC.

Ref. Number: P15000029581

We have received your document for M & E GENERAL CONTRACTOR INC. and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing Senior Section Administrator

Letter Number: 317A00008936

DEPARTMENT OF STATE

## COVER LETTER

TO: Amendment Section Division of Corporations General Contractor Inc. NAME OF CORPORATION **DOCUMENT NUMBER:** 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 For further information concerning this matter, please call: Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: 四\$52.50 Filing Fee ☐\$43.75 Filing Fee & □\$43.75 Filing Fee & S35 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy (Additional Copy enclosed)

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
Tailahassee, FL 32301

is enclosed)

<b>)</b>	7	ک ک •
	Articles of Amendment	o مر
Section 1	to	3.5
• · · · · · · · · · · · · · · · · · · ·	Articles of Incorporation	ل
NEEG	General Contractor INC.	<del></del>
(Name of C	Corporation as currently filed with the Florida Dept. of State)	
P15000	029581	
	(Document Number of Corporation (if known)	
rsuant to the provisions of section 607.100 Articles of Incorporation:	06, Florida Statutes, this Florida Profit Corporation adopts the following amendment	(s) to
If amending name, enter the new name	e of the corporation:	
MEET CONS	TRUCTION INC. The New	,
me must be distinguishable and contain Corp.," "Inc.," or Co.," or the designation ord "chartered," "professional association	n the word "corporation," "company," ar "incorporated" or the abbreviation on "Corp," "Inc," or "Co". A professional corporation name must contain the n," or the abbreviation "P.A."	
Enter new principal office address, if a rincipal office address MUST BE A STR		
Enter new mailing address, if applicab (Mailing address MAY BE A POST OF)	ole: FICE BOX)	
•		
If amending the registered agent and/or new registered agent and/or the new re	r registered office address in Florida, enter the name of the existered office address:	
Name of New Registered Agent		
		`.
	(Florida street address)	٠.
		. 3
New Registered Office Address:	(City) , Florida (Zip Code)	
	(	
w Registered Agent's Signature, if chang	ging Registered Agent:	
ereby accept the appointment as registered	agent. I am familiar with and accept the obligations of the position.	
	•	

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 PT John Doc X Remove Y Mike Jones \_X Add <u>sv</u> Sally Smith Title Type of Action Name <u>Address</u> (Check One) 1) \_\_\_\_ Change Add Remove 2) \_\_\_\_ Change \_ Add Remove Change Add Remove 4) \_\_\_\_ Change \_ Add \_Remove

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)

5) \_\_\_\_ Change

6) \_\_\_\_ Change

\_Add \_Remove

\_ Add

Remove

E. If amending or adding addit	ional Articles, enter che	inge(s) here:		•
(Attach additional sheets, if ne	cessary). (Be specific)			
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. If an amendment provides fo		Least on an analysis		
provisions for implementing	the amendment if not o	ontained in the ame	ndment itself:	
(if not applicable, indicat	e N/A)			
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The date of each amendment(s) ad	option:		, if other than the
late this document was signed.	• ,	•	
Effective date if applicable:	(no were then 00 days	after amendment file date)	<del></del>
•	(no more than 90 adys o	aper amenament pie date)	
Note: If the date inserted in this b document's effective date on the De	ock does not meet the applicable supertment of State's records.	atutory filing requirements, this date	will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)		• • • • •
The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The numbe	er of votes cast for the amendment(s)	•
by the statemonders was were su	interest for approvain		
	roved by the shareholders through vo each voting group entitled to vote se		<b>#</b>
, , , , ,	for the amendment(s) was/were suffic		
		,	
by	(voting group)		
action was not required.	opted by the board of directors withou	A snarenoider aution and snarenoider	
The amendment(s) was/were ad action was not required.	opted by the incorporators without sh	areholder action and shareholder	
Dated VQ	y 08, 2017		
Signature		UC.	
select	director, president or other officer - it ed, by an incorporator - if in the hand nted fiduciary by that fiduciary)	f directors or officers have not been is of a receiver, trustee, or other court	
	Enka	Diaz	
· · ·	(Typed or printed name	of person signing)	
	Presid	dent/owner.	
	(Title of per	son signing) /	