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R. WHITE

COVER LETTER

NAME OF CORPORATION: FORM Q11 CONSTRUCTION SCRUICES, INC. DOCUMENT NUMBER: P15000054916
DOCUMENT NUMBER: 7 15000054916
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
Form all Construction Services, Inc
9660 Channelside way
T-crt myars, T-1. 33919 City/ State and Zip Code
Formall Construction Comail. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call: Dean Garotsta Parmia (944) 300 6640
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) □ \$43.75 Filing Fee & Certified Copy (Additional Copy is enclosed) □ \$52.50 Filing Fee & Certificate of Status Certified Copy (Additional Copy is enclosed)

Mailing Address

TO: Amendment Section

Division of Corporations

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

Articles of Amendment to



Articles of Incorporation 16 AUG 18 PH 2: 20 as currently filed with the Florida Dept. of State (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: (City) (Zip Code) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position. Signature of New 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 <math>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:		, 5, .		
X Change	<u>PT</u>	John Do	<u>e</u>	
X Remove	<u>v</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change	<u>S</u>	_	william J willARD	
Add				Partiland, Fl. 3300
Remove				
2) Change		_		
Add				
Remove				
3) Change		-		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Remove				

I	FLORIDA PROFIT BENEFIT CORPORATION OPTIONS, IF APPLICABLE: The corporation, in accordance with the required minimum status vote, elects to be a Florida Profit Benefit Corporat accordance with s. 607.604, F.S.							
		The purpose for which the benefit corporation is organized is to	create a general public benefit and:					
		The general and/or specific public benefit(s) to be created by the follows (optional):	e corporation (in addition to its general purpose) is/are as					
		The additional qualifications of Benefit Director(s), if any, are as follows:						
		The name(s) and address(es) of the Benefit Director(s) and/or I Name and Title:						
			Address:					
		(Include attachment if necessary)						
		The corporation, in accordance with the required minimum status vote, terminates its status as a Florida Profit Benefit Corporation in accordance with s. 607.605, F.S. The revised purpose for which the corporation is organized is as follows:						
		The additional qualifications of Benefit Director(s), if any, are	no longer applicable and are hereby deleted.					

is:				
The public benefit for which the corporation is organized is:				
A 1.00 (1.00				
The specific public benefit(s) to be created by the corporation (in addition to the above) is/are as follows (optional):				
The specific public deficities to be created by the corporation (in addition to the above) is are as follows (optionar)				
The additional qualifications of Benefit Director(s), if any, are as follows:				
· · · · · · · · · · · · · · · · · · ·				
The name(s) and address(es) of the Benefit Name and Title:	Director(s) and/or Benefit Officer(s), if any: Name and Title:			
Address:	Address:			
Addi cos.	Autress.			
(Include attachment if necessary)				
The corporation, in accordance with the required minimum status vote, terminates its status as a Florida Profit Soci. Corporation in accordance with s. 607.505, F.S. The revised purpose for which the corporation is organized is as for				
	the state of the s			

	If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)	
	 	
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1	provisions for implementing the amendment if not contained in the amendment itself:	nares,
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	f an amendment provides for an exchange, reclassification, or cancellation of issued storovisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	iares,
	provisions for implementing the amendment if not contained in the amendment itself:	iares,
	provisions for implementing the amendment if not contained in the amendment itself:	ares,
<u></u>	provisions for implementing the amendment if not contained in the amendment itself:	iares,

_ate of each amendment(s) adoption:	, if other than th
Effective date if applicable: 7/26/16 (no more than 90 days after amendment file date)	
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)	
☐ 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.	
Dated 7/26/16	
Signature William Signature	
(By a director, president of 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)	
Grillia V Joillas	
(Typed or printed name of person signing)	
Folman	
(Title of person signing)	_