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PILED 2018 AUG-8 AM 10: 5 SECRETARY OF STATE TALLAHASSEE, FL

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: FLORIDA BAY CONTRACTORS INC
DOCUMENT NUMBER: P15000058362
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
Name of Contact Person
FLORIDA BAY CONTRACTORS INC.
3945 TOLL HOUSE DR STE908 Address
NAPLES / FL 34114 City/ State and Zip Code
Chyr State and Zip Code
E-mail address: (to be used for future annual report notification)
E-mail address. (to be used for future annual report nonneautory
For further information concerning this matter, please call:
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:
\$35 Filing Fee
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallabasses, Fl. 323112661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED

FLORIDA BAY CON	TRACTORS IN STEER AN 10: 57
(Name of Corporation as curre	ntly filed with the Float Park, of State
P15000058 367	SECRETARY OF STATE
(Document Number	SECRETARY OF STATE of Corporation (if known ALL AHASSEE, FL
Pursuant to the provisions of section 607,1006, Florida Statutes, thits Articles of Incorporation:	is Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation;	
	The new
name must be distinguishable and contain the word "corpora "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc,," or word "chartered," "professional association." 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>)	· .
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 at new registered agent and/or the new registered office addr	Idress in Florida, enter the name of the ess:
Name of New Registered Agent	
(Florida	street address)
New Registered Office Address:	Florida
	(City) (Zip Code)
and the second s	
New Registered Agent's Signature, if changing Registered Age I hereby accept the appointment as registered agent. I am familia	ar with and accept the obligations of the position.
Signature of Vin	w Registered Agent, if changing
Signature of Ne	r negaleren agem, 9 enunging

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: <u>X</u> Change	<u>PT</u> <u>Joh</u>	n Doe	
X Remove	<u>V</u> <u>Mik</u>	<u>se Jones</u>	
X Add	<u>SV</u> <u>Sall</u>	y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
!) Change	VP	BARBAR GARCIA	7065 VENICEWA
Add		•	3003 NAPLES FL
Remove			34119
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4)Change		·	
Add			
Remove			
5) Change	<u></u>		
Add			<u> </u>
Remove			
6) Change			
Add			
Remove			·

Attach additional	dding additional Art sheets, if necessary).	(Be specific)			
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an amendment	provides for an excl	hange, reclassifica	tion, or cancellation	on of issued shares,	
if not applic)	mplementing the ame cable, indicate N/A)	nument ir not cor	<u>gamed in the amer</u>	iument (tseir;	
(9	······································				
	 -				

The date of each amendment(s) adoption:	, if other than the
Effective date if applicable:	
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, a document's effective date on the Department of State's records.	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 amend by the shareholders was/were sufficient for approval.	ment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following s 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 share action was not required.	eholder
The amendment(s) was/were adopted by the incorporators without shareholder action and sharehold action was not required.	der
Dated 7/20/18	
(By a director, president or other officer – if directors or officers have not selected, by an incorporator – if in the hands of a receiver, trustee, or othe appointed fiduciary by that fiduciary)	been er court
(Typed or printed name of person signing)	
(Typed or printed name of person signing)	
P	
(Title of person signing)	