P15000058548

(Re	questor's Name)	
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(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
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COVER LETTER

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: STACK CONSTRUCTION COMPANY THE DOCUMENT NUMBER: P1500058548
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Amanda R. Levien Stack Construction Company Inc. Firm/Company 3264 NE 15+9 Stacet Pampano Beach, Fl. 33002 City/ State and Zip Code Comanda Levien Lalistopaktness. Com E-mail address; (to be used for future annual report notification)
For further information concerning this matter, please call:
Amanda R. Leuen at (SD5) 609-3695 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 Certificate of Status Certificate of Status Certificate of Status (Additional copy is enclosed) Certificate of Status (Additional Copy is 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
Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation of

Stack Construction Compl	and Inc.
(Name of Corporation as currently)	iled with the Florida Dept. of State)
<u> </u>	
(Document Number of C	orporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Flatticles</i> of Incorporation:	orida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation: Stack Construction In	1C. 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.	". 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>)	221
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	27 F
	· · · · · · · · · · · · · · · · · · ·
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 of the
Name of New Registered Agent	
(Florida street	address)
New Registered Office Address:	, Florida
(C	ity) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent. I am familiar wit	h and accept the obligations of the position.
Signature of New Rec	istered 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.

Example: 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)	Title		Name			Address	
1) Change		_					···
Add						The state of the s	·
Remove							
2) Change							_
Add							
Remove							
3)Change							
Add		_		,	_		
Remove							
4) Change							
Add							
Add						A	····
5) Change		_	_				
Add							
Remove							
6) Change		_	*				
Add							
Demove							

Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
M	
· <u>-</u> · · ·	
f an amendment provides for an excl	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	addicat if not contained in the amendment usen.

The date of each amendment(s) adoption:	nan th
Effective date if applicable: 04/12/19	
(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 not be listed document's effective date on the Department of State's records.	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)	
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 O412/16	
Signature the signature	
(By a director, predident 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 fiductiary by that fiduciary)	
- Amanda R. Levier	
(Typed or printed name of person signing)	
tresident	
(Title of person signing)	