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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: ALLIGATOR CO	NCRETE PUMPING OF S	SW FLORIDA INC.
DOCUMENT NUME			
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	spondence concerning this ma	tter to the following:	
	KATHY DILICH		
		Name of Contact Person	n
	ALLIGATOR CONCRETE	PUMPING OF SW FLORI	IDA INC.
		Firm/ Company	
	200 IRVING AVENUE N		
		Address	
	LEHIGH ACRES, FL 33971		
		City/ State and Zip Cod	e
KATI	HYDILICH@AOL.COM		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	n concerning this matter, pleas	e call:	939-2756
Name o	of Contact Person	Area Co	ode & Daytime Telephone Number
Enclosed is a check for	r the following amount made p		
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divi P.O.	ting Address Indiment Section Ission of Corporations Box 6327 Ishassee, FL 32314	Ameno Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle

Articles of Amendment to Articles of Incorporation of

ALLIGATOR CONCRETE PUMPING OF SW FLORIDA INC.

its Articles of Incorporation:	wing amer	ndment(s)
(Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the folloits Articles of Incorporation: A. If amending name, enter the new name of the corporation:	wing amer	ndment(s)
its Articles of Incorporation:	wing amer	ndment(s)
A. If a wanding name, anton the new name of the corporation.		
A. If amending name, enter the new name of the corporation.		
		new
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name mi word "chartered," "professional association," or the abbreviation "P.A."	e abbrevi ust contain	ation n the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	· · · · · · · · · · · · · · · · · · ·	
		_
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	21	
**************************************	<u> </u>	 [-
1		
		[
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:		11
Name of New Registered Agent	!. !?! ப	Tripped T
Name of New Registered Agent	· · ·	
(Florida street address)		
New Registered Office Address:, Florida		
	Zip Code)	

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.

X Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	Address
1)Change	S	BRANDON BRUCKLER	1114 ROOSEVELT AVE
X Add			LEHIGH ACRES, FL 33972
Remove			
2) Change	·		
Add			
Remove			
3) Change		_	
Add			
Remove			
4)Change			_
Add			
Remove			
5) Change			_
Add			<u></u>
Remove			
6) Change			
Add			
Remove			

. If amending or adding ac (Attach additional sheets, a	if necessary).	(Be specific)	
If an amendment provid provisions for implement (if not applicable, in OTAL 100 SHARES OF S'	nting the amendicate N/A)	ange, reclassification, or cancellation of issued idment if not contained in the amendment itse	<u>l shares,</u> <u>lf:</u>
OTAL 100 SHALLS OF S			
ASON DILICH	80 SHARES		
	10 SHARES		
YLE DILICH			
, <u></u>	10 SHARES		
YLE DILICH BRANDON BRUCKLER	10 SHARE:		

4	JUNE 1, 2016	
	doption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		·····
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, this epartment of State's records.	date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes cast for the amendmen ufficient for approval.	at(s)
	proved by the shareholders through voting groups. The following states reach voting group entitled to vote separately on the amendment(s):	ment
"The number of votes cas	t for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were ac action was not required.	opted by the board of directors without shareholder action and shareholder	lder
The amendment(s) was/were ac action was not required.	opted by the incorporators without shareholder action and shareholder	
JUNE 1, 2 Dated Signature	leser Lilel	
sc lect	director, president or other officer – if directors or officers have not been been by an incorporator – if in the hands of a receiver, trustee, or other conted fiduciary by that fiduciary)	
	JASON DILICH	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	