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## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF COE	RPORATION: SAND DUNE CO	NSTRUCTION INC	
DOCUMENT N	UMBER: P16000011406		
	icles of Amendment and fee are su	bmitted for filing.	
Please return all o	correspondence concerning this ma	tter to the following:	
	CHRISTOPHER MARSH		
	<del> </del>	Name of Contact Person	1
	TAXPRO OF FLORIDA		
		Firm/ Company	
	9536 NAVARRE PARKWA	Y	
		Address	
	NAVARRE FL 32566		
		City/ State and Zip Cod	c
	CHRIS@TAXPROFL.COM		
	E-mail address: (to be us	sed for future annual report	notification)
For further inform	nation concerning this matter, pleas	se call:	
CHRISTOPHER	MARSH	at (	863-4829
N	ame of Contact Person	Arca Co	de & Daytime Telephone Number
Enclosed is a che	ck for the following amount made	payable to the Florida Dep	artment of State:
■ \$35 Filing Fo	ce □\$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)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Division The C 2415 1	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303

## Articles of Amendment to Articles of Incorporation of

SAN	ום מ	INF	CONST	RLICTH	$\Delta N$	INC

(Name of Corporation as current	ly filed with the Florida Dept. of State)
P16000011406	
(Document Number of	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	Th
name must be distinguishable and contain the word "corporation," " "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". "chartered," "professional association," or the abbreviation "P.A.	A professional corporation name must contain the word
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)	SSING P III
D. If amending the registered agent and/or registered office add	ress in Florida, enter the name of the
new registered agent and/or the new registered office address	
Name of New Registered Agent	
(Florida str	reet address)
New Registered Office Address:	, Florida
	(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 R	Registered Agent, if changing
Check if applicable	

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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 Doc	
	<u> </u>		
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>∆ddres</u> s
1) Change	VP	SANTOS, ISMAEL ALI	169 KIMBERLY ANN DR
Add			SANTA ROSA BEACH FL 32459
X Remove			<del></del>
2) Change		<del>-</del>	<u> </u>
Add			<del> </del>
Remove 3) Change		<del></del>	
Add			<del></del>
Remove			
4) Change			
Add			<u>.</u>
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

tach additional sheets, if necessary).	(Be specific)				
				<del></del> .	
		· · · · · · · · · · · · · · · · · · ·			
		=	<del></del>		
······································					
			<u> </u>		
in amendment provides for an exchair ovisions for implementing the amend	nge, reclassifi dment if not c	cation, or car	icellation of issu	<u>ied shares,</u> itself:	
(if not applicable, indicate N/A)	<u> </u>	· ·	it willengine it.	1436141	
	<del></del>				

,

	) adoption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> : _	(no more than 90 days after amendment file date	
	(no more than 90 days after amendment file date	)
Note: If the date inserted in the document's effective date on the	s block does not meet the applicable statutory filing requiremen Department of State's records.	ts, this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors without shareh	older action and shareholder
■ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes east for the ames sufficient for approval.	endment(s)
	approved by the shareholders through voting groups. The following for each voting group entitled to vote separately on the amendment	
"The number of votes c	ast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
•	(voting group)	
(By sele	S-23  adirector, president or other officer – if directors or officers have eted, by an incorporator – if in the hands of a receiver, trustee, or of onted fiduciary by that fiduciary)	
	SANTOS E. MARTINEZ	
	(Typed or printed name of person signing)	
	PRESIDENT/DIRECTOR	
	(Title of person signing)	