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(Re	equestor's Name)	
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PICK-UP	WAIT	MAIL
/Bi	usiness Entity Name	<u>, </u>
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(Do	ocument Number)	
Certified Copies	_ Certificates o	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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COVER LETTER

TO: Amendment Section Division of Corporations The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Firm/ Company For further information concerning this matter, please call: Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee **□\$43.75** Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy

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

(Additional Copy

is enclosed)

, Articles of Amendment

to

Articles of Incorporation

of
Smith Irwin Construction Group, Inc.
(Name of Corporation as currently filed with the Florida Dept. of State)
D16000047084
(Document Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:
A. If amending name, enter the new name of the corporation:
N/H}
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 MUST BE A STREET ADDRESS)
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
1900 EJEGERAN St Orlando FC 528
(Florida street address)
New Registered Office Address: (City), Florida (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.
Kin Blanch
Signature of New Registered Agent, if changing
<i>Cyb</i> / 2

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>	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			
1)Change	VP		Kenin B Irwin	3004-Karanwan			
Add				Seuto 100			
Remove				Oviero XI 32765			
2) Change		_					
N — Add							
Remove							
3) Change		-					
Add							
Remove							
4) Change							
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\							
N Remove							
5) Change		_					
Add							
Remove							
6) Change		_					
Add Add							
Remove							

E. If amending or adding additional Articles	s, enter change(s) here:
(Attach additional sheets, if necessary). (I	Be specific)
11/1	
NA	
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F. If an amandment provides for an exchange	ge, reclassification, or cancellation of issued shares,
provisions for implementing the amends	ment if not contained in the amendment itself:
(if not applicable, indicate N/A)	ment if not contained in the ameniment testin
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N!A	
 	
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The date of each amendment(s) ado date this document was signed.	ption:	, if other than the
Effective date if applicable:		
***************************************	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blo document's effective date on the Department.	ock does not meet the applicable statutory filing requirements, this date artment of State's records.	will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were adopt by the shareholders was/were suffi	ted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.	
	oved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast fo	or the amendment(s) was/were sufficient for approval	
by	,,,	
,	(voting group)	
The amendment(s) was/were adopt action was not required.	ted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were adopt action was not required.	ted by the incorporators without shareholder action and shareholder	
Dated //	1/2017	
Signature	TOUR ANT M	
(By a dire	ector, president or other officer - if directors or officers have not been	
	by an incorporator – if in the hands of a receiver, trustee, or other court diduciary by that fiduciary)	
	Flora L Smith	
	(Typed or printed name of person signing)	
_	Prosident	
	(Title of person signing)	