## P160000 49979

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## COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION	ON: JC CAVAZOS CO	INSTRUCTION INC			
	0170000 10070				
The enclosed Articles of An	<i>tendment</i> and fee are su	bmitted for filing.			
Please return all correspond	ence concerning this ma	tter to the following:			
NICE	IOLAS FANELLA				
		Name of Contact Person	1		
NR F	ANELLA & CO INC				
		Firm/ Company			
434 1	TANGLEWOOD DR				
Address					
FOR	T WALTON BEACH F	L 32547			
		City/ State and Zip Code	0		
NFANELL	A @COX.NET				
	E-mail address: (to be u	sed for fitting annual report	notification)		
For further information cond	cerning this matter, pleas	0.50	862-7131		
Name of Cor	ntuet Darcon	at (	) de & Daytime Telephone Number		
Enclosed is a check for the			•		
■ \$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)		
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



JC CAVAZOS CONSTRUCTION INC

(Name of Corpora	tion as currently filed with the Florida Depte of State)
P16000049979	
(Doct	ument Number of Corporation (if known) ALL MARCO SECTION
Pursuant to the provisions of section 607,1006, Flori its Articles of Incorporation:	ida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendme
A. If amending name, enter the new name of the	corporation:
	ord "corporation," "company," or "incorporated" or the abbreviation rp," "Inc," or "Co". A professional corporation name must contain the abbreviation "P.A."
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET AI	
(Frincipul office unuress <u>SIOST BE A STREET AT</u>	<u>70/KC.55</u> )
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	!OX
D. If amending the registered agent and/or regist new registered agent and/or the new registere	d office address in Florida, enter the name of the
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	Florida
The Magazine of the Control of the C	(City) (Zip Code)
New Registered Agent's Signature, if changing Relatively accept the appointment as registered agent.	egistered Agent:  I am familiar with and accept the obligations of the position.
Six	gnature of New Registered Agent, if changing

Executive Officer; CFO held, President, Treasure Changes should be noted a change, Mike Jones led Mike Jones, V as Remove	= Chief i er, Direct I in the fo aves the c	llowing manner. Currently John Doe is listed as the PS orporation, Sally Smith is named the V and S. These sho	n one title, list the first letter of eac.  T and Mike Jones is listed as the V. 5
E <b>xample:</b> XChange	<u>PT</u>	John Doe	
X Remove	$\underline{V}$	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	VP	ENRIQUETA FLORES	139 LONG LAKE DR
X Add			MIRAMAR BEACH FL 32550
Remove			
2) Change		<del>-</del>	
Add			
Remove			
3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add		-	
Remove			
δ) Change			
Add			
Remove			

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, nan

address of each Officer and/or Director being added:

Please note the officer/director title by the first letter of the office title:

(Attach additional sheets, if necessary)

E. If amending or adding additional Articles, enter change(s) here:  (Attach additional sheets, if necessary). (Be specific)	
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	<u> </u>
	<u> </u>
	<u> </u>
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:	
(if not applicable, indicate N/A)	
	!
·	

The date of each amendment(s) adoption:, if	other
date this document was signed.	
Effective date if applicable:	<u> </u>
(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 document's effective date on the Department of State's records.	oe liste
Adoption of Amendment(s) ( <u>CHECK ONE</u> )	
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	1
by"	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	į
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated Signature Signature	
(By a director, president 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 fiduciary by that fiduciary)	
JUAN CAVAZOS	
(Typed or printed name of person signing)	
PRESIDENT	i
(Title of person signing)	<del></del>