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TO: Amendment Section Division of Corporations

NAME OF COL	RPORATION: ML BROTHER'S	CONSTRUCTION INC	
DOCUMENT N	UMBER: P16000056606		
	ticles of Amendment and fee are st	ubmitted for filing.	
Please return all	correspondence concerning this ma	atter to the following:	
	Mariela A Hollingsworth		
		Name of Contact Person	1
	Viglione Accounting Corp		
		Firm/ Company	
	7061 S Tamiami Trl Suite 20	• •	•
		Address	
	Sarasota, FL 34231		
		City/ State and Zip Cod	e
	aviglione@me.com		
	E-mail address: (to be u	ised for future annual report	notification)
For further infor	mation concerning this matter, plea	ase call:	•
Mariela A Hollir	ngsworth	94] at (465-7867
N	ame of Contact Person		de & Daytime Telephone Number
Enclosed is a che	eck for the following amount made	payable to the Florida Dep	artment of State:
S35 Filing F	ee S43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
	Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassec, FL 32314	Amend Division The C 2415 I	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

ML BROTHER'S CONSTRUCTION INC

(Name of Corporation	as currently fil	ed with the Florida	Dept. of State)	
P16000056606				
(Documer	nt Number of Co	rporation (if known))	
Pursuant to the provisions of section 607.1006, Florida S its Articles of Incorporation:	statutes, this <i>Flor</i>	ida Profit Corporat	ion adopts the fo	llowing amendn
A. If amending name, enter the new name of the corp	poration:			
ML CONCRETE & MASONRY INC				The ne
name must be distinguishable and contain the word "corp" "Inc.," or Co.," or the designation "Corp," "Inc," o "chartered," "professional association," or the abbrevia	or "Co". A pr	oany," or "incorpord ofessional corporat	ated" or the abbr ion name must	reviation "Corp.,
B. Enter new principal office address, if applicable:	_			
(Principal office address <u>MUST BE A STREET ADDR</u>	PESS)			£ 20
	_			220 HOY
	_			<u></u>
C. Enter new mailing address, if applicable:				
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	_			
			_	- -
	-			
D. If amending the registered agent and/or registered new registered agent and/or the new registered of		in Florida, enter th	ie name of the	
Name of New Registered Agent				
	(Florida street a	ddenes)		
	(Piorida sireet a	uaress)		
New Registered Office Address:	(Cit _j	4	, Florida	(Tin Code)
	, ,	,		(M) Cincy
New Registered Agent's Signature, if changing Regist I hereby accept the appointment as registered agent. It		and an and the shift		idad
r nereoy accept the appointment as registered agent. 17	am jamutar wiin	ana accept the obtig	gations of the pos	anon,
Signati	ire of New Regis	tered Agent, if chang	ging	
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, na 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 Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each officer, 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. 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 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)	<u>Title</u>	<u>Name</u>	Address
1) Change		_	_
Add			
Remove			
2) Change			
Add			
Remove Change		_	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change		-	_
Add			
Remove			
6) Change			
Add			
Remove			

Attach <i>additional sh</i> e	eets, if necessary). (1	Be specific)			
	4,85				
			<u> </u>		_
		· · · ·			
					
					
	<u></u> -				
			_		
		-			
f an amendment pi	rovides for an exchan	ge, reclassificati	on, or cancellatio	on of issued shares,	ı
	lementing the amendi ole, indicate N/A)	ment if not cont	ained in the amer	idment itself:	
(5)	,				
		-			-
					-

The date of each amendment(s) a date this document was signed.	doption:	, if other
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this is document's effective date on the Do	plock does not meet the applicable statutory filing requirements, the partment of State's records.	nis date will not be liste
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were add action was not required.	opted by the incorporators, or board of directors without shareholde	r action and shareholde
☐ The amendment(s) was/were add by the shareholders was/were so	opted by the shareholders. The number of votes cast for the amendatificient for approval.	ment(s)
	proved by the shareholders through voting groups. The following streach 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)	
Dated\ Signature	11/2020 monuel	
(By a d selecte	lirector, president or other officer – if directors or officers have not led, by an incorporator – if in the hands of a receiver, trustee, or other ted fiduciary by that fiduciary)	
	Ismael Morales	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	