P16000075743

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
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War.

TO: Amendment Section Division of Corporations

NAME OF CORPO	DRATION: SUNSHINE	STATE GENOLA	of Contractors INC
	iber: <u> </u>		
The enclosed Article	es of Amendment and fee are su	bmitted for filing.	
Please return all corr	espondence concerning this ma	tter to the following:	
	Jerry A Sunshine STF 12844 SW S	Name of Contact Person The General C Firm/ Company	butractors Ilur.
		Address	
******	Jarry A Mond e E-mail address: (to be us	City/ State and Zip Cod	
For further informati	on concerning this matter, pleas	se call:	
Jerry Name	Mer 0-2 e of Contact Person	at (<u>786</u> Area Co	367-7447 de & Daytime Telephone Number
Enclosed is a check	for the following amount made	payable to the Florida Depa	artment of State:
\$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)
Ar Di P.	ailing Address nendment Section vision of Corporations O. Box 6327 Ilahassee, FL 32314	Ameno Divisio Clifton	Address Iment Section on of Corporations a Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation of

Sunstine State Gre	neal C	carties three	Inc-	
(Name of Corporat	tion as currently fi	led with the Florida I	Dept. of State)	
<u> </u>	75743	}		<u> </u>
(Docu	ment Number of Co	rporation (if known)		
Pursuant to the provisions of section 607.1006, Floric its Articles of Incorporation:	da Statutes, this <i>Flo</i>	rida Profit Corporatio	n adopts the follo	owing amendment(s) to
A. If amending name, enter the new name of the c	orporation:			
				The new
name must be distinguishable and contain the wo "Corp.," "Inc.," or Co.," or the designation "Corpword "chartered," "professional association," or the	p," "Inc," or "Co"	". A professional cor	orporated" or th poration name n	ne abbreviation nust contain the
B. Enter new principal office address, if applicable				
(Principal office address <u>MUST BE A STREET AD</u>	<u>DKESS</u>)		,	S
	_			P Z
	-			m w
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	0X)			문의 로 다
(Maning dutiess MAY BEAT OFF OFFICE BY	<u> </u>			501 7
	-	<u> </u>		- 37. 8
	-			
D. If amending the registered agent and/or registered new registered agent and/or the new registered		in Florida, enter the	name of the	
Name of New Registered Agent				
	(Florida street d	address)		
New Registered Office Address:			. Florida	
	(Cit	y)		(Zip Code)
N D 14 14 15 1 1 1 D				
New Registered Agent's Signature, if changing Real hereby accept the appointment as registered agent.		and accept the obliga	tions of the positi	on.
	Ž	, ,	• •	
Sign	natura of Nau Pagi	stered Agent if changi	no.	

The date of each amendment(s) adoption:	Sentamber	. 21.	2016	C - A A A -
The date of each amendment(s) adoption: _ date this document was signed.	J-preminer	· · ,	0	, if other than the
Effective date <u>if applicable</u> :	September (no more than 90 da	21, 2	1016.	
	(no more than 90 da	rys after amend	ment file date)	
Note: If the date inserted in this block does document's effective date on the Department		e statutory filin	g requirements, th	is date will not be listed as the
Adoption of Amendment(s)	CHECK ONE)			
☐ The amendment(s) was/were adopted by the shareholders was/were sufficient for		mber of votes ca	ast for the amendm	nent(s)
☐ The amendment(s) was/were approved by must be separately provided for each votil				
"The number of votes cast for the am	iendment(s) was/were su	fficient for app	roval	
by			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
6	oting group)			
☐ The amendment(s) was/were adopted by the action was not required.	ne board of directors with	nout shareholde	r action and share	nolder
The amendment(s) was/were adopted by the action was not required.	e incorporators without	shareholder act	ion and shareholde	er
Dated 9/21	116	2		
Signature X	amonder			
(By a director, pr	esident or other officer -			
	ncorporator — if in the har ary by that fiduciary)	nds of a receive	er, trustee, or other	coun
Ge	WEUIEUE (Typed or printed nam	Menpe	2	
	(Typed or printed nam	e of person sign	ning)	
Oi	fficer 1	UP		
		erson signing)		

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 <math>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	PT Je	ohn Doe	
X Remove	<u>V</u> <u>N</u>	Mike Jones	
X Add	<u>sv</u> <u>s</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change	Pres	Jerry A Mendez	12844 SW
Add Remove			MIRAMAR FL 3300
2) Change			
Add			- War and G. F
3) Change			
Add			
4) Change			
Add			
5) Change			***************************************
Add			
6) Change			
Add			
Domovo			

. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)				
(a reader dualities and easily of state and easily state	(20 4)			
If an amendment provides for an exchange provisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, and and an analysis			
·				
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