## P16000081503

| (Re                     | questor's Name)   |             |
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| PICK-UP                 | ☐ WAIT            | MAIL        |
| (Bu                     | siness Entity Nar | me)         |
| (Do                     | cument Number)    |             |
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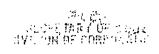
## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

| NAME OF CORPORATION: WILLIAM   | I BOBCAT DEMOLIT               | TION CORP                    |  |  |  |
|--|--------------------------------|------------------------------|--|--|--|
| DOCUMENT NUMBER: P16000081503  |                                |                              |  |  |  |
| The enclosed Articles of Amendment and fe  | ee are submitted for fili      | ng.                          |  |  |  |
| Please return all correspondence concerning  | this matter to the follo       | wing:                        |  |  |  |
| WILLIAM MORALE   | ES                             |                              |  |  |  |
|  | Name of C                      | ontact Person                | 1  |  |  |
| WILLIAM BOBCAT   | WILLIAM BOBCAT DEMOLITION CORP |                              |  |  |  |
|  | Firm/ (                        | Company                      | ,  |  |  |
| 1430 SW 129 CT   |                                |                              |  |  |  |
|  | Address                        |                              |  |  |  |
| MIAMI FLORIDA 3  | 3184                           |                              |  |  |  |
|  | City/ State                    | and Zip Cod                  | e  |  |  |
| WILLIAMBOBCATI@GN  | MAIL.COM                       |                              |  |  |  |
| E-mail address: (  | (to be used for future a       | nnual report                 | notification)  |  |  |
| For further information concerning this matter   | tor plance calls               |                              |  |  |  |
| ror further information concerning this matter   | er, prease can.                |                              |  |  |  |
| WILLIAM MORALES  | at (                           | , 786                        | 757 2734   |  |  |
| Name of Contact Person   |                                |                              | de & Daytime Telephone Number  |  |  |
| Enclosed is a check for the following amoun  | it made payable to the         | Florida Depa                 | artment of State:  |  |  |
| \$35 Filing Fee  |                                | Copy<br>Il copy is           | ☐\$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<br>Division<br>Clifton | Address Iment Section on of Corporations Building executive Center Circle              |  |  |

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of



2016 OCT 25 PM 2: 00

## Articles of Incorporat of WILLIAM BOBCAT DEMOLITION CORP

| · · · · · · · · · · · · · · · · · · ·  | tly filed with the Florida Dept. of State)                 |
|--|--|
| 16000081503  |  |
| (Document Number of  | of Corporation (if known)                                  |
| ursuant to the provisions of section 607.1006, Florida Statutes, this Articles of Incorporation:   | Florida Profit Corporation adopts the following amendment( |
| If amending name, enter the new name of the corporation:   |  |
| EBRA LANDSCAPING CORP  | The new  |
| ame must be distinguishable and contain the word "corporation<br>Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or<br>ord "chartered," "professional association," or the abbreviation | "Co". A professional corporation name must contain the     |
| Enter new principal office address, if applicable:   | N/A  |
| Principal office address <u>MUST BE A STREET ADDRESS</u> )   |  |
|  |  |
|  |  |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)   | N/A  |
|  |  |
|  |  |
|  |  |
| . If amending the registered agent and/or registered office add  | fress in Florida, enter the name of the                    |
|  | :e•  |
| new registered agent and/or the new registered office addres   | <u> </u>   |
| Name of New Registered Agent  Note: Name of New Registered Agent   | <u></u>  |
| N/A  |  |
| Name of New Registered Agent N/A   | treet address)   |
| Name of New Registered Agent N/A   |  |

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          | <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> | <u>Addres</u> s |
| 1) N/A Change              |              | ·           |                 |
| N/A Add                    |              |             |                 |
| N/A Remove                 |              |             |                 |
| 2) Change                  |              |             |                 |
| Add                        |              |             |                 |
| Remove                     |              | •           |                 |
| 3) Change                  |              |             |                 |
| Add                        |              |             |                 |
| Remove                     |              |             |                 |
| 4) Change                  |              |             |                 |
| Add                        |              |             |                 |
| Remove                     |              |             |                 |
| S) Chance                  |              |             |                 |
| 5) Change                  |              |             |                 |
|                            |              | -           |                 |
| Kentove                    |              |             | <del></del>     |
| 6) Change                  |              |             |                 |
| Add                        |              | -           |                 |
| Remove                     |              |             |                 |

| E. If amending or adding additional Article (Attach additional sheets, if necessary). | icles, enter change(<br>(Be specific) | s) here:            |  |                                       |
|---|---------------------------------------|---------------------|--|---------------------------------------|
| N/A   | • •                                   |                     |  |                                       |
|   |                                       |                     |  |                                       |
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|   |                                       |                     |  |                                       |
| . If an amendment provides for an exch  | ange, reclassificati                  | on, or cancellation | of issued shares                       |                                       |
| provisions for implementing the amer<br>(if not applicable, indicate N/A)             | ndment if not conta                   | ined in the amend   | lment itself:                          |                                       |
| N/A   |                                       |                     |  |                                       |
|   |                                       |                     | ······································ | · · · · · · · · · · · · · · · · · · · |
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|   |                                       |                     |  |                                       |

| 10/20/2016   |   |
|--|---|
| The date of each amendment(s) adoption:  | if other than the                       |
| date this document was signed.   | Jacktersk Of Soppose Sing.              |
| 10/20/2016   | 4                                       |
| Effective date if applicable:  | THE OCT OF BH O OD                      |
| Effective date if applicable:  (no more than 90 days after amendment file date)  | 1 2: 00                                 |
| Note: If the date inserted in this block does not meet the applicable statutory filing requirement document's effective date on the Department of State's records.                           | ts, this date will not be listed as the |
| Adoption of Amendment(s) (CHECK ONE)   |   |
| The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) was/were sufficient for approval.   | endment(s)                              |
| The amendment(s) was/were approved by the shareholders through voting groups. The following must be separately provided for each voting group entitled to vote separately on the amendment   |   |
| "The number of votes cast for the amendment(s) was/were sufficient for approval  |   |
| by   |   |
| (voting group)   |   |
| The amendment(s) was/were adopted by the board of directors without shareholder action and s action was not required.  | hareholder                              |
| The amendment(s) was/were adopted by the incorporators without shareholder action and sharehaction was not required.   | holder                                  |
| Dated  |   |
| (By a director, president or other officer – if directors or officers have selected, by an incorporator – if in the hands of a receiver, trustee, or cappointed fiduciary by that fiduciary) |   |
| WILLIAM MORALES  |   |
| (Typed or printed name of person signing)  |   |
| PRESIDENT  |   |
| (Title of person signing)  |   |