## P16000084710

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## **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Tomurson Lond chearing SiteWork + Demo Inc
NAME OF CORPORATION: Tomumson Lond charing SHeWork + Demo Incoment number: P16000 84710
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
RON Tomumon
Name of Contact Person
1890 Tomermon Ln
Address
Jacksonville F1 3220  City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Row Tome, None of Contact Person at (904) 813-8064  Area Code & Daytime Telephone Number
Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee \$\Bigcup \square \squar
Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy
enclosed) (Additional Copy is enclosed)
Mailing Address Street Address
Amendment Section Amendment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation

of

Tominson Lond charing S (Name of Corporation	site work	+ Demolition	ر.	<u>(,</u>	
		led with the Florida Dept.	of State)		
P160000 8	84710				
(Documer	nt Number of Co	orporation (if known)			
Pursuant to the provisions of section 607.1006, Florida S its Articles of Incorporation:	Statutes, this <i>Flo</i>	rida Profit Corporation ad	opts the follo	owing amendme	nl(s)
A. If amending name, enter the new name of the corp	poration:				
				The new	,
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp.," word "chartered," "professional association," or the ab	"Inc," or "Co	". A professional corpora	rated" or th tion name n	ne abbreviation	ı
B. Enter new principal office address, if applicable:					
(Principal office address <u>MUST BE A STREET ADDR</u>	RESS )			17 SE	
C. Enter new mailing address, if applicable: (Muiling address MAY BE A POST OFFICE BOX)	9			DEC   1 PM  2: 50   CRETARY OF STATE   AHASSEE FLORIDA	
D. If amending the registered agent and/or registered new registered agent and/or the new registered of		in Florida, enter the nan	ne of the		
Name of New Registered Agent					
	(Florida street	address)	····		
New Registered Office Address:			, Florida		
The State of the Control of the Cont	(Ci			(Zip Code)	
New Registered Agent's Signature, if changing Regis I hereby accept the appointment as registered agent. I	am familiar wit		s of the posit	ion.	
Signat	ture of New Reg	istered Agent, if changing			

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.

X Change	PT John	<u>Doe</u>	
X Remove	<u>V</u> <u>Mike</u>	Jones	
<u>X</u> Add	<u>SV</u> <u>Sally</u>	Smith	
Type of Action (Check One)	<u>Title</u>	Name 1	<u>Addres</u> s
1) Change	$\mathcal{D}_{-}$	Robert McKax	1890 TOM/150141 Jex., Fl. 32220
∠ <b>X</b> _ Add			Jax, Fl. 32220
Remove			
2) Change			
Add			
Remove			<del></del>
3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add	<del></del>		
Kemove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	(Be specific)				
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f an amendment provides for an exc	change, reclassifi	cation, or cano	ellation of issue	d shar <u>es.</u>	
provisions for implementing the am (if not applicable, indicate N/A)	endment if not e	ontained in the	amendment its	elf:	
(g not approximately material)					
14.7.2					
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The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date <u>if applicable</u> :	<del></del>
Effective date <u>if applicable</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 we document's effective date on the Department of State's records.	rill not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes east 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	
by	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 12-11-17 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)	
(Typed or printed name of person signing)	
(Typed or printed name of person signing)	
President	
(Title of person signing)	