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17 NOV 20 PH I2: 33

And

R. WHITE NOV 22 2017

COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: RMX Contracting Services Inc DOCUMENT NUMBER: P16000092220 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Ashley Tibbetts Name of Contact Person RMX Contracting Services Inc Firm/ Company 10752 Deerwood park Blvd Suite 100 Address Jacksonville, FL 32256 City/ State and Zip Code info@rmxconstruction.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (855) 769-6262
Area Code & Daytime Telephone Number Ashley Tibbetts Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: □\$43.75 Filing Fee & □\$43.75 Filing Fee & ■ \$35 Filing Fee □\$52.50 Filing Fee 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 Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation FILED 17 NOV 20 PH 12: 33

RMX Contracting Services Inc

of SIGHT DAY OF THE STATE OF S

(Name of Co	rporation as currently	filed with the Florida Dep	of, of State)
P16000092220			
	(Document Number of C	Corporation (if known)	
Pursuant to the provisions of section 607.1006 its Articles of Incorporation:	Florida Statutes, this F	orida Profit Corporation o	ndopts the following amendment(s) to
A. If amending name, enter the new name of	 of the corporation:		
			1701
name must be distinguishable and contain a "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association,"	"Corp," "Inc," or "C	o". A professional corpor	
B. Enter new principal office address, if ap (Principal office address MUST BE A STREA			
C. Enter new mailing address, if applicable			
(Mailing address MAY BE A POST OFF)			
D. If amending the registered agent and/or new registered agent and/or the new reg		s in Florida, enter the na	me of the
new registered agent and/or the new reg	Stered office address.		
Name of New Registered Agent	<u>[</u>		
	į l		
	(Florida stree	t address)	
New Registered Office Address:	[]		, Florida
	(0	ity)	(Zip Code)
New Registered Agent's Signature, if chang I hereby accept the appointment as registered		th and accept the obligatio	ns of the position.
, , , , , ,		, 3	,
	Signature of New Reg	gistered Agent, if changing	

address of each Office (Attach additional she Please note the officer P = President; V = Vie Executive Officer; CF held. President, Treast Changes should be no a change, Mike Jones Mike Jones, V as Reme	er and/or Dets, if necess/director titlece President O = Chief I warer, Directe ted in the followers the c	Pirector being added: sary) le by the first letter of the office title: t; T= Treasurer; S= Secretary; D= Dis Financial Officer. If an officer/directo. or would be PTD. llowing manner. Currently John Doe is	f each officer/director being removed and title, name, and rector; TR = Trustee; C = Chairman or Clerk; CEO = Chief r holds more than one title, list the first letter of each office is listed as the PST and Mike Jones is listed as the V. There is and S. These should be noted as John Doe, PT as a Change,
Example: X Change	$\overline{\mathbf{b}.\mathbf{L}}$	John Doe	
X Remove	$\underline{\mathbf{V}}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	 <u>Name</u> 	<u>Addres</u> s
1) Change	D	l William Lorenzo	10752 Deerwood Park Blvd #100
Add			Jacksonville, FL 32256
x Remove			
2) Change	Đ	A sh iey Tibbetts	10752 Deerwood Parl Blvd # 100
x Add			Jacksonville, FL 32256
Remove			.
3) Change			
Add			
Remove			
Kemove			
4) Change	<u> </u>	_	
Add			·
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Article	enter change(s) here:
(Attach additional sheets, if necessary). (I	Be specific)
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	1
F. If an amendment provides for an exchange	
provisions for implementing the amendr	nent if not contained in the amendment itself:
(if not applicable, indicate N/A)	
	11
	11
	I 1

The date of each amendment(s) adoption:
Effective date if applicable:
(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 be listed as the document's effective date on the Department of State's records.
Adoption of Amendment(s) (CHECK ONE)
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
by"
(voling 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.
11/14/2017 Dated
Signature adulary Wards
(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)
Ashley Tibb et ts
(Typed or printed name of person signing)
Director
(Title of person signing)