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(((H19000318787 3)))



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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : DBS DIEZ BUSINESS SERVICES INC

Account Number : 120170000086 Phone : (813)871-1816 Fax Number : (813)884-5920

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COR AMND/RESTATE/CORRECT OR O/D RESIGN

W.D. CONSTRUCTION SERVICES INC

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October 30, 2019

FLORIDA DEPARTMENT OF STATE

Division of Corporations

W.D. CONSTRUCTION SERVICES INC 21515 CURLEW CT

LUTZ, FL 33549US

SUBJECT: W.D. CONSTRUCTION SERVICES INC

REF: P16000094892

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document submitted does not meet legibility requirements for electronic filing. Please do not attempt to refax this document until the quality has been improved.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist II

FAX Aud. #: H19000318787 Letter Number: 619A00022372

2019 OCT 30 PH 1:30

Articles of Amendment to Articles of Incorporation of

W.D. CONSTRUCTION SERVICES INC		
(Name of Corporation as currently	filed with the Florida Dept. of State)	
P16000094892		
(Document Number of	Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this F its Articles of Incorporation:	Itorida Profit Corporation adopts the following amenda	nent(s)
A. If amending name, enter the new name of the corporation:		
	The ne	'M'
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered," "professional association," or the abbreviation "I	" "company," or "incorporated" or the abbreviation." A professional corporation name must contain the	on
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
D. If amending the registered agent and/or registered office addre	ess in Florida, enter the name of the	
new registered agent and/or the new registered office address:	20	
Name of New Registered Agent		•
	•••	
(Florida stre	et address) (.)	
New Registered Office Address:	, Florida	, :
(City) (Zip Code)	<u>.</u>
	٠,	ヹ ⊃
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w	ith and accept the obligations of the position.	
Signature of New Re	gistered 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 Doc 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	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	VP	LORENA D HERNANDEZ	21515 CURLEW CT
XAdd			LUTZ, FL 33549
Remove			
2) Change			
Add		•	
Remove			
3) Change			
Add			
Remove			
4) Change			•
Add			
Remove			
5) Change			
Add			
Remove			
δ) Change			
Add			
Remove			

	al sheets, if necessary).	ticles, enter chan (Be specific)	etaj mere.		
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	<u> </u>				
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			-		
It an amendmen provisions for i	nt provides for an exc implementing the am	hange, reclassific endment if not co	<u>ation, or cancella</u> ntained in the am	<u>tion of issued shar</u> endment itself:	<u>.s.</u>
(if not appli	icable, indicate N/A)				
		-			
					

.

	10/28/2019	
The date of each amendment(, if other than the
date this document was signed.		
	10/28/2019	
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
	his block does not meet the applicable statutory filing requirements, this date we Department of State's records.	ill not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/wern by the shareholders was/we	e adopted by the shareholders. The number of votes cast for the amendment(s) are sufficient for approval.	
	e approved by the shareholders through voting groups. The following statement d for each voting group entitled to vote separately on the amendment(s):	
	cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
·	(voting group)	
	e adopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were action was not required.	e adopted by the incorporators without shareholder action and shareholder	
10/28/	2019	
Dated		
	/ // /./4//	
Signature	Lelle Melila	
(B	ya director, president or other officer – if directors or officers have not been	
	lected, by an incorporator - if in the hands of a receiver, trustee, or other court	
ар	pointed fiduciary by that fiduciary)	
	MISLEIBIS CASTILLO	
	(Typed or printed name of person signing)	<u></u> _
	PRESIDENT	
	(Title of person signing)	