P11000004915

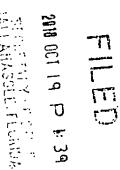
(Re	questor's Name)	 -
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(Cit	ry/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: L & Y CON	TRACTOR INC		
DOCUMENT NUMB	BER: P1700000491	5		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corres	spondence concerning this ma	tter to the following:		
	LEANDRO CAPO	OTE		
		Name of Contact Person	n	
	PRESIDENT			
		Firm/ Company		
	206 NW 22 AVE			
		Address		
	CAPE CORAL, F	L 33993		
		City/ State and Zip Cod	e	
INF	O@DIRECTSOL			
	E-mail address: (to be us	sed for future annual report	notification)	
For further information	n concerning this matter, pleas	se call:		
LEANDRO C	APOTE	at (239	, 677-7649	
Name (of Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check fo	r the following amount made p	payable to the Florida Depa	artment of State:	
S35 Filing Fee	□S43.75 Filing Fee & Certificate of Status	□S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$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		Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		

Articles of Amendment to Articles of Incorporation of

``	of
L & Y CONTRACTOR INC	
(Name of Corporation as currently filed with	the Florida Dept. of State)
P17000004915	
(Document Number of Corpora	ation (if known)
Pursuant to the provisions of section 607.1006, Florida Statute its Articles of Incorporation:	es, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporati	ion:
"Corp.," "Inc.," or Co.," or the designation "Corp," "Inc.	The new poration," "company," or "incorporated" or the abbreviation " or "Co". A professional corporation name must contain the
word "chartered," "professional association," or the abbrevi	ation "P.A." 206 NW 22 AVE
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	206 NW 22 AVE
· —————	CAPE CORAL, FL 33993
 If amending the registered agent and/or registered office new registered agent and/or the new registered office a 	
Name of New Registered Agent LEANDRO	CAPOTE
206 NW 22	AVE
	rida street address)
New Registered Office Address: CAPE COR	r torida
	(City) (Zip!Code) E

New Registered Office Address:

CAPE CORAL

(City)

New Registered Agent's Signature, if changing Registered Agent:

Thereby accept the appointment as registered agent.

Signature of New Registered Agent, if changing

Signature of New Registered Agent, if changing

Signature of New Registered 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)

Nease 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.

Example: X Change	<u>PT</u>	John Do	<u>oe</u>			
X Remove	<u>V</u>	Mike Jones				
X Add	<u>sv</u>	Sally Sr	Sally Smith			
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s		
1) Change	VP		LAZARO A PEREZ	1207 NW 21ST AVE		
Add				CAPE CORAL, FL 33993		
Remove						
2) Change	VP	_	YILIAN SUAREZ	206 NW 22 AVE		
Add				CAPE CORAL, FL 33993		
Remove				<u> </u>		
3) Change						
Add						
Remove						
4) Change						
Add						
Remove						
5) Change						
Add						
Remove						
6) Change		_	·			
Add						
Remove						

		additional Art s, if necessary).					
							
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<u>lf an amo</u> provisio	<u>endment provi</u> us for implem	<u>ides for an excl</u>	<u>nange, reclass</u> endment if not	ification, or car contained in th	<u>icellation of iss</u> re amendment	ued shares, itself:	
$\frac{provisio}{(if n)}$	not applicable,	indicate N/A)	nament ii nog	contained in ti	ic amendment	113411.	
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		-					
		-					

The date of each amendment(s) adoption: 10/18/2018	_, if other than the
date this document was signed.	
Effective date if applicable: 10/18/2018	
(no more than 90 days after amendment file date)	_
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	
(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 10/18/2018	
Signature X	
(By a proctor, 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)	
LEANDRO CAPOTE	
(Typed or printed name of person signing)	_
PRESIDENT	
(Title of person signing)	_