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## **COVER LETTER**

TO: Amendment Section

Tallahassee, FL 32314

Division of Corporations
NAME OF CORPORATION: 21:te Rowen Louse Construction INC
DOCUMENT NUMBER: + 17 0000 36491
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Contact Person
Nettle Davis, Inc.
922 SW Bayay/ம்றுவர் Lake City, FL 32025
Address
City/ State and Zip Code
Nettie favisinc @ gmail. Com  E-mail address: (to be used for future annual report notification)
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For further information concerning this matter, please call:
Nettic DAVIS at (386) 2524576
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:
S35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed)  S43.75 Filing Fee Certified Copy (Additional Copy is enclosed)  S52.50 Filing Fee Certificate of Status (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

## **Articles of Amendment**

to

	Articles of Incorp	poration		
61.1.	of have		.1	Tala
	NEW NOUSE poration as currently fi		UCTION  In Dept. of State)	<u> </u>
(Nume of Con	_		ia Dept. of State)	
<u>_</u>	Document Number of Co	<del></del>	<u> </u>	
		•	,	
Pursuant to the provisions of section 607.1006, its Articles of Incorporation:	Florida Statutes, this <i>Flo</i>	rida Profit Corpord	ation adopts the follo	owing amendment(s) t
A. If amending name, enter the new name of	the corporation:			
name must be distinguishable and contain th "Corp" "Inc.," or Co.," or the designation " word "chartered," "professional association," of	"Corp," "Inc," or "Co"	". A professional c	ncorporated" or the corporation name m	The new are abbreviation the
B. Enter new principal office address, if appl	icable:			
(Principal office address <u>MUST BE A STREE</u> T				
	-		<del></del> -	
	_			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC	<u>E BOX</u> )			
	-	,		
	_			
D. If amending the registered agent and/or re	raistaned office address:	in Florido, ontre 41	20	
new registered agent and/or the new regist		in riorida, enter ti	ie name of the —	00 -
Name of New Registered Agent				-1 11 ro
			71.5	—∴
<del></del>	(Florida street ac	ddress)		FE   <del>       </del>
New Registered Office Address:		·	Charles III	***
HEW REgistered Office Address.	(City,	<del></del>	Florida — (2	Zip Code)
New Registered Agent's Signature, if changing hereby accept the appointment as registered age	t Registered Agent: ent   Lam familiar with a	and accept the ablic	nations of the position	197
	y	and accept the owns	anom of the promo	<i></i>
	C: CV B		<del> </del>	<u>—</u>
	Signature of New Registe	ered Agent, if chang	ging	

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.

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)	Title	Name	Address
1) Change	18	Winston FARIS	135 SW AURORA W
Add			LAKE City F13
Remove			
2) Change			
Add			<del></del>
Remove			
3) Change			
Add			
Remove			- 23 ·····
4) Change			- R - O
Add			<u>\$25</u> <u>Con</u> on
Remove			
5) Change			
Add			
Remove			
6) Change	<del></del>		
Add			
Remove			

If amending or adding additional Art (Attach additional sheets, if necessary).	(Be specific)		
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f an amendment provides for an excha	ange, reclassification, or cancellation of issued shares,	· - :	
<u>provisions for implementing</u> the amen	dment if not contained in the amendment itself:		1:16
(if not applicable, indicate N/A)	· · · · · · · · · · · · · · · · · · ·	ات ات	G,
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The date of each amendment(s) adoption: Deficiently 30 9 . if other than the date this document was signed.
Effective date if applicable: 9 1 2019  (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
(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.
Dated9), 19
Signature Lank
(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)
Kelvin Ank
(Typed or printed name of person signing)
$\checkmark$ $\triangleright$
(Title of person signing)
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