P17000037836

(Requestor's Name)	
(Address)	
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(City/State/Zip/Phone	<u> </u> #)
PICK-UP WAIT	MAIL
(Business Entity Name	<u> </u>
(Document Number)	
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COVER LETTER

TO: Amendment Section

Division of Corporations	
NAME OF CORPORATION:	Peshua Custom Construction Inc
DOCUMENT NUMBER:	P17000037836
The enclosed Articles of Amendment an	d fee are submitted for filing.
Please return all correspondence concern	ing this matter to the following:
B G C E-mail addre	Name of Contact Person Firm/ Company Address City/ State and Zip Code See Definancial partners. Consess: (to be used for future annual report notification)
For further information concerning this	natter, please call:
Diana Jelosai Name of Contact Person	at (S61) S2G - 4G Z 6 Area Code & Daytime Telephone Number
Enclosed is a check for the following am	ount made payable to the Florida Department of State:
S35 Filing Fee	
Mailing Address Amendment Section Division of Corporation P.O. Box 6327 Tallahassee, FL 32314	The Centre of Tallahassee

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

Yesl	hua Custon	2 Construction	Inc
(<u>Name</u>	of Corporation as currently	filed with the Florida Dept. of State)	
	Y1700003	7836	<u> </u>
	(Document Number of	Corporation (if known)	
Pursuant to the provisions of section 607 its Articles of Incorporation:	1006, Florida Statutes, this <i>F</i>	Torida Profit Corporation adopts the fo	ollowing amendment(s)
A. If amending name, enter the new p	ame of the corporation:		
N	A		The new
name must be distinguishable and contai "Inc.," or Co.," or the designation " "chartered." "professional association,	Corp," "Inc," or "Co". A	ompany," or "incorporated" or the abbi professional corporation name must	reviation "Corp.," contain the word
B. Enter new principal office address (Principal office address MUST BE A S		19 Brisa Way	Apt 105 458
C. Enter new mailing address, if appl (Mailing address MAY BE A POST		119 Brisa Way Jupiter Fl 33	Apt 105.
D. If amending the registered agent at new registered agent and/or the ne		ess in Florida, enter the name of the	
Name of New Registered Ayen	NIU		· · · · · · · · · · · · · · · · · · ·
	(Florida stre	at addrage)	
	i imida sire		
New Registered Office Address:	(1)	. Florida	(Zip Code)
New Registered Agent's Signature, if a linear line line line is linear line line line line line line line line	tered agent. I am familiar w		sition.
101	Signature of New Re-	gistered Agent, if changing	
Check if applicable The amendment(s) is/are being filed n			

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 <math>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 D	<u>0e</u>							
X Remove	<u>V</u>	Mike Jo	ones .							
X Add	<u>sv</u>	Sally S	mith							
Type of Action (Check One)	<u>Title</u>		<u>Name</u>				<u>Addres</u> s			
1) Change	<u> </u>	_ }	Do	vimar	San	ndyod	119	Br	isa	<u> ωαγ</u>
Add					Pobe	3				
Remove							<u>Jup:1</u>	er	3	<u>3</u> 728.
2) Change		-								
Add										
Remove Change	_	_								
Add										
Remove										
4) Change		- [
Add									<u></u>	
Remove										
5) Change		-								
Add								· ·		
Remove										
6) Change		-	-							
Add									<u>.</u>	
Remove										

N 1	rts, if necessary).	(2) Machiel			
N 1	F				
					
					
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•					,, _
<u>n amendment pro</u>	<u>vides for an excha</u>	inge, reclassification, (or cancellation of issu-	<u>ed shares,</u>	
ovisions for impler	menting the amen	dment if not contained	d in the amendment it	tself:	
(if not applicable,	, indicate N/A)				
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The date of each amendment(s) adoption: 0804722 , if other than the date this document was signed.
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 incorporators, or board of directors without shareholder action and shareholder action was not required.
☐ 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)
Dated • 8 04 22
Signature & Maule Felie
(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)
~ Owner / President.
(Title of person signing)