## P17000150930

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
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## **COVER LETTER**

**TO:** Amendment Section

Division of Corporations RR Best CONStruction Inc P170000 50930 4 170000 50930 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: RR BEST Construction Inc SO21 Benver Circle

Address

Pensincola JL 32534

City/ State and Zip Code -mail and ess: (to be used for future annual report notification) For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: ■ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 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

2661 Executive Center Circle Tallahassee, FL 32301

Clifton Building

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

## Articles of Amendment

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	Articles of Incor	poration		
2R Best Con	Struction	Inc		
(Name of Corpora	ation as currently f	iled with the Florida Der	ot, of State)	
717000 50930				
(Doc	ument Number of C	orporation (if known)		
Pursuant to the provisions of section 607.1006, Flor its Articles of Incorporation:	ida Statutes, this Fla	orida Profit Corporation (	adopts the follow	ing amendment(s) to
A. If amending name, enter the new name of the	corporation:			
name must be distinguishable and contain the w "Corp.," "Inc.," or Co.," or the designation "Co. word "chartered," "professional association," or th	orp," "Inc," or "Co	". A professional corpoi		
B. Enter new principal office address, if applical			. ســـ خون	<u> </u>
(Principal office address <u>MUST BE A STREET AI</u>	<u>DDRESS</u> )		ت ن	100 F
				四至四
				5
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE E	ROXi		•	2
	,			Tite .
			-	<del></del> .
				<del></del>
D. If amending the registered agent and/or registered agent and/or the new registered		s in Florida, enter the na	me of the	
Name of New Registered Agent				
		<del> </del>		_
<del></del> -	(Florida street	address)	<u> </u>	<u> </u>
New Registered Office Address:			. Florida	
	(C	ity)	(Zi <sub>i</sub>	p Code)
New Registered Agent's Signature, if changing R	legistered Agent:			
I hereby accept the appointment as registered agent	t. I am familiar wit	h and accept the obligatio	ns of the position	ı.
Si	gnature of New Reg	istered Agent, if changing		<del></del>

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 D	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	<u>ones</u>	
_X Add	<u>sv</u>	Sally S	<u>mith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
l) Change	UP	2 _	Eli Abur MegiA-	IzAcuirra
<u></u> ∕ Add			·	7710 Deborah Dr
Remove				Pensacolo 76 32514
2) Change		<del></del>		
Add				
Remove				
3 ) Change				
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Romano				

if it cessury).	icles, enter change(s) here: (Be specific)
<del></del>	
If an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(η ποι αργπεαόνε, παιείνε τοπ)	
···········	

The date of each amendment(s) adoption:	, if other than the
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 document's effective date on the Department of State's records.	will not be listed as the
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	
☐ 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 12-5-2017	
Signature Victor Reyes  (By a director, president or other officer – if directors or officers have not been	<del></del>
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)	
President	
(Title of person signing)	<del></del>