## P180000 18281

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## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPO	DRATION: PEREZ BROTHEI	RS MASONRY INC	
DOCUMENT NUM	IBER: P18000018287		
	es of Amendment and fee are su	bmitted for filing.	
Please return all corr	respondence concerning this ma	itter to the following:	
	JOEL PEREZ		
		Name of Contact Person	1
	PEREZ BROTHERS MASO	NRY INC	
		Firm/ Company	
•	1868 HIGH ST	_	•
		Address	·
	FORT MYERS, FL 33916		
	-	City/ State and Zip Cod	e
	PEREZLOPEZ071089@GM	AIL.COM	
	ŭ	sed for future annual report	notification)
For further informat JOEL PEREZ	ion concerning this matter, pleas	se call: at (	410-8856
Name	e of Contact Person	at ( Area Co	)
Enclosed is a check	for the following amount made		
S35 Filing Fee		□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio The Co 2415 N	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303

## Articles of Amendment to Articles of Incorporation of

PEREZ BROTHERS MASONRY INC

Visite or Confirmation and Confirmation	ly filed with the Florida D	ept. of State)
P18000018287	-	
(Document Number of	of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation	adopts the following amendmen
A. If amending name, enter the new name of the corporation:		
and the state of t		The new
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co", "chartered," "professional association," or the abbreviation "P.A.	A professional corporation	d" or the abbreviation "Corp.," name must contain the word
B. Enter new principal office address, if applicable:	354 MONTGOMERY A	AVE
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	FORT MYERS, FL 339	005
		200
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
		9
	<u> </u>	
	<del></del>	
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address	lress in Florida, enter the r s:	name of the
Name of New Registered Agent		
(Florida st	rect address)	
New Registered Office Address:		, Florida
	(City)	(Zip Code)
Nav Dagietarad Count's Signature of about 10 minutes 14		
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar	<u>v:</u> with and accept the obligati	ons of the position.
	· · · · · · · · · · · · · · · · · · ·	•
Signature of New I	Registered Agent, if changing	
	eganerea rigeat, y enunging	
Check if applicable  The amendment(s) is/are being filed pursuant to s, 607,0120 (11)	(e) FS	

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, a 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 = Ch. Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office he 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 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 Chan Mike Jones, V as Remove, and Sally Smith, SV as an Add.

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)	<u>Title</u>	Name	Address
1) Change	P	FLOR PEREZ	354 MONTGOMERY AVE
X Add			FORT MYERS, FL 33905
Remove			
2) Change			
Add			-
Remove 3) Change			
Add			
Remove			
4) Change	-		
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	icles, enter change(s) here (Be specific)		
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f an amendment provides for an excl	nange, reclassification, or o	cancellation of issued sl	nares.
provisions for implementing the ame (if not applicable, indicate N/A)	nament ii not contained ii	<del>-</del>	
provisions for implementing the ame	ndinent ii not contained ii		
provisions for implementing the ame	ndinent if not contained if		
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provisions for implementing the ame	nament ii not contained ii		

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	05/27/2020
The date of each amendment(s) a	doption:, if other than
date this document was signed.	
	27/2020
Effective date if applicable:	
	(no more than 90 days after amendment file date)
<b>Note:</b> If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, this date will not be listed as epartment of State's records.
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were adaction was not required.	opted by the incorporators, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes east for the amendment(s) ufficient for approval.
☐ The amendment(s) was/were ap must be separately provided fo	proved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s):
"The number of votes cas	for the amendment(s) was/were sufficient for approval
by	***
	(voting group)
05/27/2020	)
Dated	<del></del>
<	
Signature	
	frector, president or other officer – if directors or officers have not been
	ed, by an incorporator – if in the hands of a receiver, trustee, or other court
арроіт	nted fiduciary by that fiduciary)
	TORT DEDCT
	JOEL PEREZ
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)