P18000019859

(Re	equestor's Name)
(Ad	ldress)
(Ad	ldress)
(Cil	ty/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Bu	isiness Entity Name)
(Do	ocument Number)
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TO: Amendment Section Division of Corporations

NAME OF CORPORATIO	N:MCFAR	RLANE'S CONSTRUCTIO	N, INC.
DOCUMENT NUMBER: _	P18000019859		
The enclosed Articles of Ame	ndment and fee are su	ibmitted for filing.	
Please return all corresponden	ce concerning this ma	atter to the following:	
		Chase McFarlane	
		Name of Contact Perso	n
		Firm/ Company	
		20151 Bowen road	d
		Address	
		North Fort Myers, FL 3	3917
		City/ State and Zip Cod	e e
		chase@mcfarlaneslawn.	com
E-1	mail address: (to be u	sed for future annual report	notification)
For further information concer	ning this matter, plea	se call:	
Chase McFarlane		at (de & Daytime Telephone Number
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check for the fol	lowing amount made	payable to the Florida Depa	artment of State:
	\$43.75 Filing Fee & Certificate of Status	☐\$43.75 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

MCFARLANE'S CONSTRUCTION, INC.

P18000019859 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adoptits Articles of Incorporation: A. If amending name, enter the new name of the corporation:	ts the following amendme	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adoptits Articles of Incorporation: A. If amending name, enter the new name of the corporation:	ots the following amendme	
ts Articles of Incorporation: A. If amending name, enter the new name of the corporation:	ots the following amendme	
name must be distinguishable and contain the word "corporation," "company," or "incorporal "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co", A professional corporatio word "chartered," "professional association," or the abbreviation "P.A."		
B. Enter new principal office address, if applicable:	n road	
(Principal office address MUST RE A STREET ADDRESS)	North fort Myers, Fl 33917	
D. If amending the registered agent and/or registered office address in Florida, enter the name of new registered agent and/or the new registered office address:	of the	
Name of New Registered Agent		
20151 Bowen road		
(Florida street address) North Fort Myers New Registered Office Address:	33917 Iorida	
(City)	(Zip Code)	

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)

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)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	VP	JASON ORLANDO	2703 NW 22ND STREET
Add			CAPE CORAL, FL 33993
X Remove			
2) X Change	Р	CHASE MCFARLANE	20151 Bowen road
Add			North fort Myers, Fl 33917
Remove			
3) X Change	VP	NORMANDY MCFARLANE	20151 Bowen road
Add			North fort Myers, Fl 33917
Remove			
4) Change		<u> </u>	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	(Be specific)			
	<u> </u>			
				
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provisions for implementing the am	hange, reclassificati endment if not conta	on, or cancellation tined in the amend	ment itself:	
f an amendment provides for an exc provisions for implementing the am (if not applicable, indicate N/A)	hange, reclassificati endment if not conta	on, or cancellation tined in the amend	ment itself:	
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provisions for implementing the am	hange, reclassificati endment if not conta	on, or cancellation	ment itself:	
If an amendment provides for an exe provisions for implementing the am (if not applicable, indicate N/A)	hange, reclassificati	on, or cancellation	ment itself:	

	November 1, 2019		
The date of each amendment(s) a date this document was signed.	doption:		, if other than th
	vember 01, 2019		
Effective date <u>if applicable</u> :	(no more than 90 days aft	ter amendment file date)	
Note: If the date inserted in this document's effective date on the D		utory filing requirements, this date will n	ot be listed as the
Adoption of Amendment(s)	(CHECK ONE)		
The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of ufficient for approval.	of votes east for the amendment(s)	
	proved by the shareholders through voting each voting group entitled to vote separ		
"The number of votes cas	for the amendment(s) was/were sufficient	nt for approval	
by	(voting group)	<u> </u>	
	(voting group)		
☐ The amendment(s) was/were adaction was not required.	opted by the board of directors without s	hareholder action and shareholder	
☐ The amendment(s) was/were adaction was not required.	opted by the incorporators without sharel	holder action and shareholder	
DatedSignature &	2/31/19		
(By a select	director, president or other officer – if direct, by an incorporator – if in the hands of the fiduciary by that fiduciary)		•
	CHASE MCFAR	LANE	
	(Typed or printed name of p	erson signing)	
	PRESIDE	NT	
	(Title of person	signing)	