P18000026722

(I	Requestor's Name)
(/	Address)
(,	Address)
	ity/State/Zip/Phone #)
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Loan Star Construc	etion Inc		_
	IBER: P18000026722			_
	s of Amendment and fee are su	bmitted for filing.		
Please return all corr	espondence concerning this ma	tter to the following:		
	Joshua Miller			
	Name of Contact Person			
	Firm/ Company		<u>_</u>	
	1011 Ohana Way #204			
	Address			
	North Port FL 34289			
		City/ State and Zip Cod	e	 _
jost	jmiller1933@gmail.com			V
		sed for future annual report	notification)	
	on concerning this matter, pleas		015 2010	
Joshua Miller		at () 815-2910 ide & Daytime Telephone N	
Nam	of Contact Person	Area Co	de & Daytime Telephone N	Number
Inclosed is a check	for the following amount made	payable to the Florida Depa	artment of State:	
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	☐S43.75 Filing Fee & Certified Copv (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
	ailing Address		Address	
	nendment Section		Iment Section	
	vision of Corporations		on of Corporations	
	D. Box 6327		Building	
1 3	llahassee, FL 32314		Executive Center Circle assee. FL 32301	
1				

Articles of Amendment to Articles of Incorporation of

Loan Star Construct	on the		
	(Name of Corporation as current	ly filed with the Florida Dept. of Sta	<u>te</u>)
P18000026722			
	(Document Number of	of Corporation (if known)	- -
	(Document Pullare)	of Corporation (17 miles m)	
Pursuant to the provits Articles of Incorp	sions of section 607.1006, Florida Statutes, this oration:	Florida Profit Corporation adopts the	e following amendment(s) to
A. <u>If amending na</u>	ne, enter the new name of the corporation:		
Lone Star Construct	ion Services Inc		- The new
"Corp.," "Inc.," of	nguishable and contain the word "corporati Co.," or the designation "Corp," "Inc," or professional association," or the abbreviation	"Co". A professional corporation na	or the abbreviation me must contain the
R - Enter new nrin	ripal office address, if applicable:	1011 Ohana Way #204	
	dress MUST BE A STREET ADDRESS)	North Port, FL 34289	*** **
			THE TOTAL PROPERTY OF THE PROP
			- 3 [
	ling address, if applicable:	Same as above	近 是 ED
(Mailing addre	S MAY BE A POST OFFICE BOX		- A - D
			·
D. If amending the	e registered agent and/or registered office add	tress in Florida, enter the name of th	e
	agent and/or the new registered office addres		<u>.</u>
, , , , , , , , , , , , , , , , , , ,	Destruction of the second		
<u>Name of P</u>	ew Registered Agent		,
	(Florida s	treet address)	
<u>New Regist</u>	tered Office Address:	, Florid	
l		(City)	(Zip Code)
J			
New Registered Ag	ent's Signature, if changing Registered Agen appointment as registered agent. I am familian	it: with and accent the obligations of the	nasitian
1 nereny accept inc	appointment as registerea agent. Tum jumitat	with that accept the obligations of the	ромикт.
1			
ļ			
	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 = Tice 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 Renove, and Sally Smith, SV as an Add.

X Change	PT John Doe	
X Remove	V Mike Jones	
X Add	<u>SV</u> <u>Sally Smith</u>	
Type of Action (Check One)	<u>Title</u> <u>Name</u>	Address
1) Change		
Add		
Remove		
2) Change		
Add		
Remove		
3) Change		
Add		
Remove		
4) Change		
Add		
Remove		
5) Change		
Add		
Remove		
6) Change		
Add		
Remove		

ľ,	If amanding or	dding additional Articles, enter change(s) here:
15.	Trantinging of a	duning autoritional Al Cicles, Cited Cuange(s) incre.
	(Attaen <i>additiond</i>	sheets, if necessary). (Be specific)
		
	-	
F.	If an amendmer	t provides for an exchange, reclassification, or cancellation of issued shares,
• •	· · · ·	e provides for an extrange, reclassification, or cancernation of issued shares,
	provisions for	mplementing the amendment if not contained in the amendment itself:
	(if not appl	cable, indicate N/A)
_		
	-	

	3/19/2018	ic and an observable
The date of each amendment(s) ac date this document was signed.	option:	, if other than the
T	/2018	
Effective date <u>if applicable</u> :		
	(no more than 90 days after o	amendment file date)
Note: If the date inserted in this be document's effective date on the De		y filing requirements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment() was/were add by the shareholders was/were su	pted by the shareholders. The number of vificient for approval.	votes cast for the amendment(s)
	roved by the shareholders through voting geach voting group entitled to vote separate	
"The number of votes cast	for the amendment(s) was/were sufficient f	or approval
by	(voting group)	
	(voting group)	
The amendment() was/were add action was not required.	pted by the board of directors without shar	eholder action and shareholder
The amendment() was/were add action was not required.	pted by the incorporators without sharehole	der action and shareholder
Dated	3/03/18	
Signature	Whill the	· .
(By x d selecte	irector, president or other officer – if direct d, by an incorporator – if in the hands of a r ted fiduciary by that fiduciary)	
	Joshua Millev (Typed or printed name of pers	on signing)
	President (Title of person sign	ning)