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T. LEMIEUX DEC 16 2021

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION:	JCTION SERVICES INC.			
DOCUMENT NUME	BER: P18000030235				
The enclosed Articles	of Amendment and fee are sub	omitted for filing.			
Please return all corre	spondence concerning this mat	iter to the following:		•	
	Todd Nolan		•	:	
	LOGIC CONSTRUCTION S	Name of Contact Persor	1		
	—————	Firm/ Company			
	2875 S Orange Ave STE 500-	• •			
	Orlando FL 32806	Address			
City/ State and Zip Code					
TNolan@logicconstructionservices.com					
	E-mail address: (to be us	ed for future annual report	notification)		
For further informatio	n concerning this matter, pleas	se call:			
Todd Nolan		at (321	231-9896		
Name of Contact Person			de & Daytime Telephone Number		
Enclosed is a check for	r the following amount made p	payable to the Florida Depa	artment of State:		
S35 Filing Fee	□\$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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			

Articles of Amendment to Articles of Incorporation of

LOGIC CONSTRUCTION SERVICES INC.

(<u>Name o</u>	f Corporation as currently	filed with the Florida Dept	. of State)	
P18000030235				
	(Document Number of	Corporation (if known)		
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, this <i>F</i>	<i>lorida Profit Corporation</i> ad	opts the following a	mendment(s) to
A. If amending name, enter the new na	me of the corporation:	į	7	; he new
name must be distinguishable and contain "Inc.," or Co.," or the designation "Co" chartered," "professional association,"	orp," "Inc," or "Co". A		or the abbreviation	"Corp., "
B. Enter new principal office address. (Principal office address MUST BE A ST			 	
C. Enter new mailing address, if appli (Mailing address MAY BE A POST) D. If amending the registered agent an	<u>OFFICE BOX</u>) d/or registered office addra	ess in Florida, enter the nan	ne of thė 🔀	
new registered agent and/or the nev				
Name of New Registered Agent	Todd Nolan			 11
	525 Linson Ct			CT:
New Registered Office Address:	(Florida stre	et address)	記 , Florida_32809	
	(City)	(Zip Cot	de)
New Registered Agent's Signature, if c I hereby accept the appointment as regist	ered agent. I am familiar w	ith and accept the obligation. gistered Agent, if changing	s of the position.	

Check if applicable

■ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e). F.S.

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	PT	John Doe				
X Remove	<u>V</u>	Mike Jones				
X Add	<u>sv</u>	Sally Smith				
Type of Action (Check One)	Title	<u>Name</u>	Address			
1) Change	<u>P</u>	Angela Roper	525 Linson Ct			
Add			Edgewood FL 32809			
X Remove						
2) Change	þ	Todd Nolan	525 Linson Ct			
X Add			Edgewood FL 32809			
Remove 3) Change						
Add						
Remove						
4) Change						
Add						
Remove						
5) Change		_				
Add						
Remove						
6) Change						
Add						
Remove						

xttach <i>additio</i>	nal sheets, if nee	cessary). (Be	enter change(s) here: specific)		
					
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provisions fo	nent provides for implementing opticable, indicat	the amendme	, reclassification, or cent if not contained in	cancellation of issue the amendment its	<u>d shares,</u> <u>elf:</u>
			-		
		<u> </u>	_		
		<u>-</u>			
		• •			

	11/24/21	
The date of each amendment(s)	adoption: if other	er than the
date this document was signed.		
	1/24/21	
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the	s block does not meet the applicable statutory filing requirements, this date will not be I Department of State's records.	isted as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were a action was not required.	adopted by the incorporators, or board of directors without shareholder action and sharehol	der
☐ The amendment(s) was/were a by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	•
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	
"The number of votes ca	ast for the amendment(s) was/were sufficient for approval	
by	•	
	(voting group)	
11/24/21 Dated Signature	Toda //	
selec	director, president or other officer – if directors or officers have not been sted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)	
	Todd Nolan	
	(Typed or printed name of person signing)	_
	President	
	(Title of person signing)	_