P18000059850

(Requestor's Name)					
(Add	dress)				
(Add	dress)				
(City	//State/Zip/Phone	e #)			
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c/ 4/1/2022

COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION:	ter Contra	ctinging				
NAME OF CORPORATION: CONTROL OF CORPORATION:	05985	0.				
The enclosed Articles of Amendment and fee are su	bmitted for filing.					
Please return all correspondence concerning this ma	tter to the following:					
Cari Ep						
	Name of Contact Person	1				
	Firm/ Company					
3885 BSW Lafleur St						
DC1 (,	Address	- >				
136,00	3495 City/ State and Zip Code	5				
E-mail address: (to be us	see call:	notification)				
<u> </u>		_				
Cerri EATON	at () 7 7	323-867W				
Name of Contact Person Area Code & Daytime Telephone Number						
Enclosed is a check for the following amount made	payable to the Florida Depa	artment of State:				
□ \$35 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		Address				
Division of Corporations						
P.O. Box 6327 The Centre of Tallahassee						

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303



RECEIVED

2022 HAR 31 AM 7:55

SECRETARY OF STATE TALLAHASSEE, FL

FLORIDA DEPARTMENT OF STATE Division of Corporations

March 15, 2022

CARI EATON 3885 SW LAFLEUR STREET PORT ST. LUCIE, FL 34953

SUBJECT: CHARTER CONTRACTING, INC

Ref. Number: P18000059850

We have received your document for CHARTER CONTRACTING, INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Benefit/Social Corporation, but your entity is a Profit Corporation. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 422A00006126

Claretha Golden Regulatory Specialist II

www.sunbiz.org

Articles of Amendment

to

Articles of Incorporation of

FILED

Charter Contract		
	s currently filed with the Florida	2022 HAR 31 PM 3: 4
Name of Corporation as		<u>рерг. qr state)</u> SCORATA - Mora откт
1180000	51850	TALLAHASSEE.FI
(Document)	Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statits Articles of Incorporation:	tutes, this <i>Florida Profit Corporatio</i>	on adopts the following amendment(s
A. If amending name, enter the new name of the corpo	ration:	
Tsia Crustal Ro	clm Inc	77
name must be distinguishable and contain the word "corpor "Inc.," or Co.," or the designation "Corp," "Inc," or "chartered," "professional association," or the abbreviati	"Co". A professional corporation	
B. Enter new principal office address, if applicable:		
(Principal office address <u>MUST BE A STREET ADDRES</u>	<u>SS</u>)	
	<u> </u>	
		· · · · · · · · · · · · · · · · · · ·
C. Enter new mailing address, if applicable:		
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)		
		
		
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office.		name of the
Name of New Registered Agent		
	Florida street address)	
·	- North Street Hadreday	
New Registered Office Address:	(City)	, Florida (Zip Code)
	(0.13)	(zip code)
New Registered Agent's Signature, if changing Register	ed Agent:	
I hereby accept the appointment as registered agent. I am	familiar with and accept the obliga	tions of the position.
<u> </u>	CM D CALL D C C	
Signature	of New Registered Agent, if changi-	ng

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.

X Change	<u>PT</u>	John Doe					
X Remove	<u>V</u>	Mike Jone	<u>es</u>				
X Add	<u>sv</u>	Sally Smi	<u>th</u>				
Type of Action (Check One)	<u>Title</u>	<u>ì</u>	<u>Name</u>			<u>Addres</u> s	
1) Change					 . <u>-</u>		
Add							
Remove					-		
2) Change					 		
Add							
Remove 3) Change				_	 <u>-</u>		
Add							
Remove					_		
4) Change			<u>, </u>		 		
Add					,		
Remove					_		
5) Change							
Add							
Remove					_		<u> </u>
6) Change							
Add					,		
Damoua							

(Attach additional sheets, if	<mark>lditional Articles, en</mark> f necessary). (Be sp	ecific)	- '		
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	<u> </u>		<u> </u>	<u> </u>	
					
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If an amendment provide	es for an exchange, r	eclassification, or	cancellation of i	ssued shares,	
provisions for implemen (if not applicable, ind	iting the amendment	it not contained	in the amendme	it itseii:	
(ij noi uppneuoie, na					
	<u> </u>				_
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				<u> </u>	
					

The date of each amendment(s) add	pption:	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file da	ite)
Note: If the date inserted in this blo document's effective date on the Dep	sek does not meet the applicable statutory filing requirem artment of State's records.	ents, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopaction was not required.	ted by the incorporators, or board of directors without shar	eholder action and shareholder
☐ The amendment(s) was/were adop by the shareholders was/were suf	ted by the shareholders. The number of votes east for the afficient for approval.	amendment(s)
	oved by the shareholders through voting groups. The follo ach voting group entitled to vote separately on the amenda	
"The number of votes cast f	or the amendment(s) was/were sufficient for approval	
by	."	
·	(voting group)	
Dated 3/2	6/2022	
Signature		
(By a dir selected	by an incorporator – if in the hands of a receiver, trustee, of fiduciary by that fiduciary)	
<u>_</u>	Cari EATON	
	(Typed or printed name of person signing)	
_	President	
	(Title of person signing)	