## P18000011154

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2018 OCT 24 FH 2: 18

Amend

NOV 0 1 2018 i ALBRITTON

## **COVER LETTER**

Black Dog Contractors Inc. NAME OF CORPORATION: DOCUMENT NUMBER: \_ The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Yacy Marcof Corport Person ack Dog Contractors = Louvet Cn Address Palm Coast F1 32137
City/State and Zip Code Tracy McCoylal Qamail, com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at ( 321 ) 604 - 1696

Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address

> Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO: Amendment Section

. Division of Corporations

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## **Articles of Amendment**

to

## Articles of Incorporation

of	or por action
Block Dea Carta	tacs Tinc
(Name of Corporation as currently	y filed with the Florida Dept. of State)
P14.000	071254
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>I</i> its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
$\mathcal{N}/\mathcal{A}$	The new
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Gword "chartered," "professional association," or the abbreviation "Gword".	," "company," or "incorporated" or the abbreviation Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	MA
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	/ 
C. Enter new mailing address, if applicable:	1/2 2 1
(Mailing address MAY BE A POST OFFICE BOX)	N/A
	2
D. If amending the registered agent and/or registered office addr new registered agent and/or the new registered office address:	
107 T	
Name of New Registered Agent LCL OTE	5 - Chris Rocher CPA
2+29 E N	poly (Shul Stell)
(Florida stre	vet address)
New Registered Office Address: White	Florida
•	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent. I am familiar	ith and accept the obligations of the position.
Signature of Nev R	f

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> <u>Mike</u>	e Jones	
X Add	SV Sally	/ Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	$\overline{V}$	Frank Flore	17B Louvet Cn
X Add	10%	ownership	Palm Coast, Fl
Remove			<u> </u>
2) Change			
Add			<del></del>
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			<del> </del>
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific) 10 % ownership for Frank Fiore F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

The date of each amendment(s) adoption:date this document was signed.	19	Odobec	2018	, if other than the
Effective date if applicable:	19 C	ctoker 3	2018	
	o more than 90	days after amendm		
Note: If the date inserted in this block does not n document's effective date on the Department of State		ble statutory filing	requirements, this da	ate will not be listed as the
Adoption of Amendment(s) (CHEC	K ONE)			
☐ The amendment(s) was/were adopted by the share by the shareholders was/were sufficient for appr		number of votes cas	t for the amendment(s	s)
☐ The amendment(s) was/were approved by the shamust be separately provided for each voting grounds.				ent
"The number of votes cast for the amendm	ent(s) was/were	sufficient for appro	val	
by(voting				
(voting	group)			
☐ The amendment(s) was/were adopted by the boa action was not required.				er
The amendment(s) was/were adopted by the inco- action was not required.	orporators witho	ut shareholder actio	n and shareholder	
Dated	· 19, a	2018		
			<u> </u>	
(By a director, presiden selected, by an incorpo				
appointed fiduciary by		nanas or a receiver,	musice; or other com	•
	Traci	M Co-q		
(Тур	oed or printed ne	me of person signi	lg)	
	Pres	ident		
<del></del>	(Title of	person signing)		<del></del>