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(((H20000265551 3)))



H200002655513ABC.

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	Fax Number : (850)617-6380	
From:		. ~
	Account Name : NELSON & ASSOCIATES, C.P.A., P.A.	2020 A.
	Account Number : I20120000083	>
	Phone : (305)593-0829	7. G
	Fax Number : (305)593-8744	
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COR AMND/RESTATE/CORRECT OR O/D RESIGN USA GREEN CONTRACTORS CO.

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August 7, 2020

FLORIDA DEPARTMENT OF STATE Division of Corporations

USA GREEN CONTRACTORS CO. 5240 S UNIVERSITY DRIVE 106 DAVIE, FL 33328

SUBJECT: USA GREEN CONTRACTORS CO.

REF: P18000072559

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Page 3 missing

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.

Yasemin Y Sulker Regulatory Specialist III FAX Aud. #: H20000265551 Letter Number: 820A00014918

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

H200002655513

Articles of Amendment ţo Articles of Incorporation

USA Green Contractors Co.					
sine ()	of Corporation as currentl	y filed with the Flori	da Dept. of Stat	<u>e</u>)	
P18000072559	•				
	(Document Number of	Corporation (if know	n) .		
Pursuant to the provisions of section 60' its Articles of Incorporation:	7.1006, Florida Statutes, this 2	Florida Profit Corpor	ation adopts the	following	amendment(s) t
A. If amending name, enter the new i	name of the corporation:				•
			<u>-</u>		The new
name must be distinguishable and contai "Inc.," or Co.," or the designation " "chartered," "projessional association,	Corp;" "Inc," or "Co". A				
B. <u>Euter new principal office address</u> Principal office address <u>MUST BB A</u>			· 	<u> </u>	
				2020	———,;;;
E. Enternesy mailing address, if app (Mailing address MAY BE A POST		, ,	,	AUG I	
			· ·		
				α	
). If amending the registered agent an new registered agent and/or the ne		ess in Florida, enter t	he name of the	6	,
Name of New Registered Agent	Oved Ashkenazi			•	
	5240 S. University Drive, S	te. 106			
	(Florida sires	u address)			
New Registered Office Address:	Davie		. Florida.	3328	•
	. (0	City)		(ZIµ Coo	(e)
		•			
iew Registered Agent's Signature, if c hereby accept the appointment as regist	hanging Registered Agent; ered agent: I am familiar wi	th and accept the obliq	gadous of the po	sition.	·
			5	_	
,	Signature of New Reg	istered Agent, if chang	ging		
heat if annicable			-		

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> <u>Joh</u>	nn Doo	
X Remove	<u>V <u>M</u>i</u>	ke Jones	
_X Add	<u>SV</u> <u>Sal</u>	ly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	P	Ori Darmon	5240 S University Drive
Add X Remove		·	Davie, FL 33328
2) Change	<u>T</u>	Ori Darmon	5240 S University Drive
Add		·	Davie, FL 33328
X Remove 3) Change Add	Sec	Shachar Darmon	5240 S University Drive Davie, FL 33328
X Remove 4) Change	<u>P, S</u>	Oved Ashkenazi	5240 S. University Drive
XAdd			Suite 106
Remove 5) Change			Davie, FL 33328
Add			
Remove			
6) Change			
Add			
Remove			

N/A 				
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. If an amendm	ient provides for an exc	change, reclassification, or c	ancellation of issued shar	es,
provisions fo	or implementing the am	rendment if not contained in	the amendment itself:	
-	pplicable, indicate N/A)			
N/A				
			٠.	
	<u> </u>			
	·····			
	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		,	

date this document was signed.	, if other than to
Effective date if applicable:	august 5, 2020
Ellective date in applicable:	(no more than 90 days often 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 listed as the Department of State's records.
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 shareholder
The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.
	pproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):
"The number of votes ca	st for the amendment(s) was/were sufficient for approval
by	n n
	(voting group)
August 5, Dated	, 2020
D#(CG	
Signature	
select	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court need fiduciary by that fiduciary)
	Oved Ashkenazi
	(Typed or printed name of person signing)
	President and Secretary
	(Title of person signing)