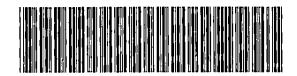


(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
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10/16/18--01018--011 **35.00

And

R. WHITE OCT 23 2018



COVER LETTER

Division of Corporations				
NAME OF CORPORATION: Builders Choice Construction Cleaning Indocument Number: P18000083026				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Name of Contact Person Builders Choice Construction Cleaning, Ire Firm/Company				
2984 longriew lane				
Address				
Morth Fort Myers, to 33917				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Name of Contact Person at (239) 878-9257 Area Code & Daytime Telephone Number				
Enclosed is a check for the following amount made payable to the Florida Department of State:				
\$35 Filing Fee				

Mailing Address

TO: Amendment Section

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

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

Articles of Amendment

FILED

to
Articles of Incorporation
of

	" 2018 OCT 15 PM 12: 15
Builders Choice	Construction Cleaning Inc
(Name of Corporat	tion as currently filed with the Florida Dept of State
P1800008307	7.LD
	ment Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Floric its Articles of Incorporation:	da Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the c	corporation:
	The new
name must be distinguishable and contain the wo "Corp.," "Inc.," or Co.," or the designation "Corpword "chartered," "professional association," or the	ord "corporation," "company," or "incorporated" or the abbreviation p," "Inc," or "Co". A professional corporation name must contain the e abbreviation "P.A."
B. Enter new principal office address, if applicable	le:
(Principal office address MUST BE A STREET AD	
C. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BO	OX)
D. If amending the registered agent and/or registered new registered agent and/or the new registered	ered office address in Florida, enter the name of the
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	. Florida
	(City) (Lip Code)
New Registered Agent's Signature, if changing Re	
I hereby accept the appointment as registered agent.	I am familiar with and accept the obligations of the position.
Sia	nature of New Registered Agent, if changing
·"·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 Doc	
X Remove	V Mike Jones	
X Add	SV Sally Smith	
Type of Action (Check One)	<u>Title</u> <u>Name</u>	<u>Addres</u> s
1) Change Add Remove	President Mary Lynn A	N. Ft myers, fr. 33917
2) Change Add Remove	CFO William C. Mar	ber 2984 Lungview Lane N. fa myers, fr 33917
3) Change Add Remove		
4) Change Add		
Remove Change Add		
Remove		
Add		

Attach additional sheets, if necessary).	ticles, enter change(s) here: (Be specific)
	·
•	
	
	
f an amendment provides for an excl	change, reclassification, or cancellation of issued shares,
provisions for implementing the ame (if not applicable, indicate N/A)	endment if not contained in the amendment itself:
(ij not applicable, mateate WA)	

The date of each amendment(s) adoption:date this document was signed.	10/9/18	, if other than the
ū	101.0	
Effective date if applicable:	(no more than 90 days after amendment file	date)
Note: If the date inserted in this block does n document's effective date on the Department of		ements, this date will not be listed as the
Adoption of Amendment(s) (CH	ECK ONE)	
☐ The amendment(s) was/were adopted by the by the shareholders was/were sufficient for a		e amendment(s)
☐ The amendment(s) was/were approved by the must be separately provided for each voting	e shareholders through voting groups. The fol- group entitled to vote separately on the amen	
	ndment(s) was/were sufficient for approval	
by(vol	ina graun)	
☐ The amendment(s) was/were adopted by the action was not required.		and shareholder
The amendment(s) was/were adopted by the action was not required.	incorporators without shareholder action and s	shareholder
Dated 10 (C)		
Signature (By a director, pres selected, by an inco appointed fiduciary	ident or other officer – if directors or officers l orporator – if in the hands of a receiver, trustee by that fiduciary)	have not been ., or other court
<u> </u>	Typed or printed name of person signing)	
	(Title of person signing)	