## P18000094057

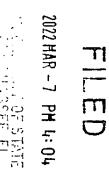
(Requestor's Name)
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C. BRUMBLEY
MAR - 8 2022

## COVER LETTER

TO: Amendment Se Division of Co			•	. w
NAME OF CORP	ORATION: MJC CARPENTR	Y INC		
DOCUMENT NUM	D19000094057			<del></del>
The enclosed Articl	es of Amendment and fee are su	ibmitted for filing.		
Please return all cor	respondence concerning this ma	itter to the following:		REOFU
	DORIS VARGAS			RECEIVED
	365 MULTISERVICES LLC	Name of Contact Perso	n	2022 MAR -7 PM 12: 11
	20423 FL-7 #F6-164	Firm/ Company		SECRETARY OF STATE TALLAHASSEE, FL
	BOCA RATON , FL 33498	Address	-	
	NCORP@365MULTISERV	City/ State and Zip Cod	e	
For further informat	E-mail address: (to be us	sed for future annual report se call:	notification)	
DORIS VARGAS		at (	674 7672	
Name of Contact Person			de & Daytime Te	lephone Number
Enclosed is a check	for the following amount made	payable to the Florida Dep.	artment of State:	
S35 Filing Fee	S43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filin Certificate of Certified Cop (Additional C is enclosed)	f Status Dy
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Ameno Divisio The C 2415 i	Address Iment Section on of Corporations entre of Tallaha N. Monroe Stree assee, FL 32303	ssee

## Articles of Amendment to Articles of Incorporation of

MJC CARPENTRY INC		
	on as currently filed with the Florida	Dept. of State)
P18000084057		
(Docu	nent Number of Corporation (if known	)
Jursuant to the provisions of section 607.1006, Florid ts Articles of Incorporation:	a Statutes, this Florida Profit Corporat	tion adopts the following amendment(s)
A. If amending name, enter the new name of the c	orporation:	
305 CONSTRUCTION CORP		27
name must be distinguishable and contain the word "e "Inc.," or Co.," or the designation "Corp," "Inc, "chartered," "professional association," or the abbro	" or "Co". A professional corporati	The new atted" or the abbreviation "Corp" ion name must contain the word
B. <u>Enter new principal office address, if applicable</u> Principal office address <u>MUST BE A STREET ADI</u>	<u></u> <u>DRESS</u> )	202
		THAR T
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u></u>	m series
		10 to 1
). If amending the registered agent and/or registenew registered agent and/or the new registered	red office address in Florida, enter th	e name of the
Name of New Registered Agent		
	(Florida street address)	<u> </u>
New Registered Office Address;		. Florida
	(City)	(Zip Code)
ew Registered Agent's Signature, if changing Reg	stered Agent:	
hereby accept the appointment as registered agent.	I am familiar with and accept the oblige	ations of the position.

Signature of New Registered Agent, if changing

Check if applicable

<sup>☐</sup> 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>	<u>John Do</u>	<u>oc</u>	
X Remove	<u>V</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
1) Change		_		
Add				
Remove				
2) Change		<del></del>		
Add				
Remove 3) Change		<del></del>		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add		_		
Remove				

	ticles, enter change(s) here:  (Be specific)
	· · · · · · · · · · · · · · · · · · ·
f an amendment provides for an excl	change, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	endment if not contained in the amendment itself:
,	
	<del></del>
·	
· · · · · · · · · · · · · · · · · · ·	

The date of each amendment(s) date this document was signed.	adoption:	, if other than the
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment f	ile date)
Note: If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing requ Department of State's records.	uirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were a action was not required.	dopted by the incorporators, or board of directors withou	t 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 sufficient for approval.	r the amendment(s)
	pproved by the shareholders through voting groups. The or each voting group entitled to vote separately on the an	
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
Dated 02/	04/2022	
Signature		
selec	director, president or other officer – if directors or office sed, by an incorporator – if in the hands of a receiver, trus nted fiduciary by that fiduciary)	
	MARIO OLIVA	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	