P18000090143

| (Re | equestor's Name) | |
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| (Ad | dress) | |
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| (Cit | ty/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | isiness Entity Nan | ne) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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SECRETARY OF STATE
AND LAHASSEE, FLORID

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COVER LETTER

| | | COVER LETTER | · . n | |
|---------------------------------------|---|--|--|-------------------|
| TO: Amendment Sec Division of Corp | | | 7 | ANDEC 17 PA 2: 00 |
| NAME OF CORPO | RATION: J J SORTO CONS | FRUCTION INC | | 35CA C. P. |
| DOCUMENT NUM | P18000090143 | | | 8 |
| The enclosed Articles | s of Amendment and fee are su | bmitted for filing. | | 16. |
| Please return all corre | espondence concerning this ma | tter to the following: | | |
| | JOSE S SORTO | | | |
| | | Name of Contact Persor | 1 | |
| | | Firm/ Company | | |
| | 605 NORTH STREET | , , | | |
| | FORT PIERCE, FL 34950 | Address | | |
| | | City/ State and Zip Code | · | |
| jsort | o341@gmail.com | | | |
| | E-mail address: (to be us | ed for future annual report | notification) | |
| For further information | on concerning this matter, pleas | e call: | | |
| JOSE S SORTO | | at (⁷⁷² | 212-6106 | |
| Name | of Contact Person | | de & Daytime Telephone Number | — г |
| Enclosed is a check f | or the following amount made [| oayable to the Florida Depa | rtment of State: | |
| S35 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) | |
| An Div P.C | niling Address nendment Section vision of Corporations D. Box 6327 lahassee, FL 32314 | Amend Divisio Clifton | Address ment Section n of Corporations Building xecutive Center Circle | |

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation

J J SORTO CONSTRUCTION INC

| | Articles of Amendment |
|--|--|
| | Articles of Amendment to Articles of Incorporation of |
| | of Property of the Control of the Co |
| J J SORTO CONSTRUCTION INC | |
| | Corporation as currently filed with the Florida Dept. of State) |
| P18000090143 | |
| | (Document Number of Corporation (if known) |
| Pursuant to the provisions of section 607.10 its Articles of Incorporation: | 006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendme |
| A. If amending name, enter the new nan | ne of the corporation: |
| - | The new |
| | in the word "corporation," "company," or "incorporated" or the abbreviation ion "Corp," "Inc," or "Co". A professional corporation name must contain the |
| | |
| B. Enter new principal office address, if (Principal office address <u>MUST BE A STI</u> | |
| | |
| (Principal office address <u>MUST BE A STI</u> | able: |
| (Principal office address MUST BE A STA C. Enter new mailing address, if applica (Mailing address MAY BE A POST Of | or registered office address in Florida, enter the name of the |
| (Principal office address MUST BE A STA C. Enter new mailing address, if applica (Mailing address MAY BE A POST Of | or registered office address in Florida, enter the name of the |
| (Principal office address MUST BE A STA C. Enter new mailing address, if applica (Mailing address MAY BE A POST Of | or registered office address in Florida, enter the name of the |
| (Principal office address MUST BE A STA C. Enter new mailing address, if application (Mailing address MAY BE A POST Office) D. If amending the registered agent and new registered agent and/or the new | See address in Florida, enter the name of the registered office address: |
| C. Enter new mailing address, if applica (Mailing address MAY BE A POST Of Mailing address, if applica (Mailing address) address MAY BE A POST Of Mailing ad | SEET ADDRESS) Sor registered office address in Florida, enter the name of the registered office address: (Florida street address) |
| C. Enter new mailing address, if applica (Mailing address MAY BE A POST Of Mailing address, if applica (Mailing address) address MAY BE A POST Of Mailing address MAY BE A POST Of Mailing address (May BE A POST Of Mailing address) address MAY BE A POST Of Mailing address MAY BE A POST OF MAIl | See address in Florida, enter the name of the registered office address: |

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>John</u> | n Doe | |
|----------------------------|-----------------------|--------------|-----------------------|
| X Remove | <u>V</u> <u>Mik</u> | e Jones | |
| X Add | SV Sall | y Smith | |
| Type of Action (Check One) | <u>Title</u> | <u>Name</u> | <u>Addres</u> s |
| l) Change | P | JOSE S SORT | 605 NORTH STREET |
| Add X Remove | | | FORT PIERCE, FL 34950 |
| 2) Change | P | JOSE S SORTO | 605 NORTH STREET |
| X Add | | | FORT PIERCE, FL 34950 |
| Remove | | | |
| 3) Change | | | |
| Add | | | |
| Remove | | | |
| 4) Change | | | |
| Add | | | |
| Remove | | | |
| 5) Change | | | |
| Add | | | |
| Remove | | | |
| 6) Change | | | |
| Add | | | |
| Remove | | | |

| - control and control of the control of | icles, enter change(s) here: (Be specific) |
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| If an amendment provides for an exch | nange, reclassification, or cancellation of issued shares, |
| provisions for implementing the amount | ndment if not contained in the amendment itself: |
| (if not applicable, indicate N/A) | |

| The date of each amendment(s) a date this document was signed. | idoption: | , if other than the |
|---|--|------------------------|
| Effective date if applicable: | | |
| | (no more than 90 days after amendment file date) | |
| Note: If the date inserted in this document's effective date on the D | block does not meet the applicable statutory filing requirements, this date will epartment of State's records. | I not be listed as the |
| Adoption of Amendment(s) | (<u>CHECK ONE</u>) | |
| ☐ The amendment(s) was/were ad by the shareholders was/were s | opted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval. | |
| ☐ The amendment(s) was/were ap must be separately provided fo | proved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s): | |
| "The number of votes cas | t for the amendment(s) was/were sufficient for approval | |
| by | | |
| | (voting group) | |
| ☐ The amendment(s) was/were ad- action was not required. | opted by the board of directors without shareholder action and shareholder | |
| The amendment(s) was/were ad action was not required. | opted by the incorporators without shareholder action and shareholder | |
| 12/13/201 Dated | 8 | |
| Signature | dim | |
| (By a) selecti | 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 ited fiduciary by that fiduciary) | _ |
| | JOSE S SORTO | |
| | (Typed or printed name of person signing) | |
| | PRESIDENT | |
| | (Title of person signing) | |