P19000022921

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF COF	RPORATION: SUNCOAST DEC	KS INC			
DOCUMENT N	UMBER: P19000022921				
	icles of Amendment and fee are su	abmitted for filing.			
Please return all	correspondence concerning this ma	atter to the following:			
	JOSH WHITE				
		Name of Contact Person	1		
	SUNCOAST DECKS INC				
	Firm/ Company				
	21917 US HIGHWAY 19 N				
	Address				
	CLEARWATER FL 33765				
		City/ State and Zip Code			
	JOSH@SUNCOASTDECKS.COM				
	E-mail address: (to be u	sed for future annual report	notification)		
For further inform	mation concerning this matter, plea	ise call:			
JOSH WHITE		at (⁷²⁷	430-2723		
N	ame of Contact Person	Area Code & Daytime Telephone Number		_	
Enclosed is a che	eck for the following amount made	payable to the Florida Depa	artment of State:	<u>.</u> ;	
S35 Filing F	ee □\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio The Co 2415 N	Address ment Section n of Corporations entre of Tallahassee N. Monroe Street, Suite 810 ussee, FL 32303		

Articles of Amendment to Articles of Incorporation of

SUNCOAST DECKS INC				
(<u>Name (</u>	of Corporation as current	ly filed with the Florida D	ept. of State)	
19000022921				
	(Document Number of	of Corporation (if known)		
dursuant to the provisions of section 607, s Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Corporation	adopts the following	ng amendment(
. If amending name, enter the new na	ame of the corporation:			
I/A				The new
ame must he distinguishable and contain Inc.," or Co.," or the designation "C chartered," "professional association."	Corp," "Inc," or "Co".	A professional corporation		ion "Corp.,"
Control of the state of the sta	:6!:kl	N/A		
 Enter new principal office address, Principal office address MUST BE A S 				
	·			
n an				
. Enter new mailing address, if appli (Mailing address MAY BE A POST)		N/A		
	 			
				?
				فير ــــــــــــــــــــــــــــــــــــ
). If amending the registered agent an	d/or registered office add	ress in Florida, enter the i	name of the	ار الدن ميما (الدن
new registered agent and/or the new				
Name of New Registered Agent	N/A			-
	(Florida st	reet address)		
	,	,		. i.
New Registered Office Address:		(City)	, Florida /Zip	Code)
		•	·	
ew Registered Agent's Signature, if c				
hereby accept the appoint <mark>ment as regist</mark>	ered agent. I am familiar	with and accept the obligat	ions of the position.	
	Signature of New 1	Registered Agent, if changin	···	
	Signature of New 1	ледметва мувш, у спапут	ક	

Check if applicable

☐ 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.

<u>X</u> Change	<u>PT</u>	John Doe	
X Remove	$\underline{\mathbf{V}}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	D	JEFFREY D KRAUSE	45 VALENCIA CIR
Add XXX Remove			SAFETY HARBOR FL 34695
2) Change			
Add			
Remove 3) Change		_	
Add			
Remove			
4) Change			= = = = = = = = = = = = = = = = = = = =
Add			
Remove			<u> </u>
5) Change			·
Add			
Remove			
6) Change			
Add			
Remove			

f 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)	Attach additional sheets, if necessary). (Be specific)	
provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)		
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· · · · · · · · · · · · · · · · · · ·	provisions for implementing the amendment if not contained in the amendment itself:	•
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	12/02/2023	
The date of each amendment(s)	adoption:	_, if other than the
date this document was signed.	/02/2023	
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 l	block does not meet the applicable statutory filing requirements, this date will Department of State's records.	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 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	
JOSH WHITE		
by	(voting group)	
12/02/203	23	
Dated		
	a- 10 1 1 1 1	
Signature (8v/a	director, president or other officer – if directors or officers have not been	
(selec	ted, by an incorporator - if in the hands of a receiver, trustee, or other court	į
арро	inted fiduciary by that fiduciary)	3
	JOSH WHITE	: <u>Ĉ</u>
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	
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