P1900034658

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: CONTRACTORS LIQUIDATION CENTER WHOLSALE INC

DOCUMENT NUMBER: P19000034658 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Aldion Cili Name of Contact Person Firm/ Company 5299 ST AUGUSTINE RD Address JACKSONVILLE, FL 32207 City/ State and Zip Code aldioncili95@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Aldion Cili Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: **☑** \$35 Filing Fee □\$43.75 Filing Fee & ☐\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed) Mailing Address Street Address Amendment Section Amendment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

CONTRACTORS LIQUIDATION CENTER: WHOLSALE INC

(Name of Corporation as current)	ly filed with the Florida Dept. of State)
P19000034658	2024 6 19 27 Fm
(Document Number o	2024 (1.19 27 FT, 12: 02
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	
A. If amending name, enter the new name of the corporation:	
Not Applicable	The new
name must be distinguishable and contain the word "corporation," " "Inc.," or Co" or the designation "Corp," "Inc," or "Co". / "chartered," "professional association," or the abbreviation "P.A."	A professional corporation name must contain the word
B. Enter new principal office address, if applicable:	5299 ST AUGUSTINE RD
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	JACKSONVILLE, FL 32207
C. Enter new mailing address, if applicable:	5299 ST AUGUSTINE RD
	IACKCONNULE EL 22207
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	JACKSONVILLE, FL 32207
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	JACKSONVILLE, FL 32207
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	JACKSONVILLE, FL 32207
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	JACKSONVILLE, FL 32207
	ress in Florida, enter the name of the
 If amending the registered agent and/or registered office add new registered agent and/or the new registered office address 	ress in Florida, enter the name of the
D. If amending the registered agent and/or registered office add	ress in Florida, enter the name of the
). If amending the registered agent and/or registered office add new registered agent and/or the new registered office address Name of New Registered Agent	ress in Florida, enter the name of the
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address Name of New Registered Agent	ress in Florida, enter the name of the
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address Name of New Registered Agent	ress in Florida, enter the name of the

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.

Example: X Change	<u>PT</u>	John Doc		
X Remove	<u>V</u>	Mike Jones		
_ <u>X</u> Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address	
1) Change	P	LLESHI, LEK	5221 ST AUGUSTINE RD	
Add			JACKSONVILLE, FL 32207	
X Remove				
2) Change	TSD	Aldion Cili	7062 Snowy Canyon Drive Unit 109	
X Add			Jacksonville, Florida 32256	
Remove 3) Change	D	Robert Marku	5299 ST AUGUSTINE RD JACKSONVILLE, FL 32207	
X Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)
Not Applicable	
·	
	
provisions for implementing the ame (if not applicable, indicate N/A)	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
Not Applicable	

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The date of each amendmendate this document was signed	nt(s) adoption: March 21, 2024	, if other than the
Effective date if applicable:	March 21, 2024	
	(no more than 90 days after amendment file do	ate)
	this block does not meet the applicable statutory filing requirement the Department of State's records.	nents, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/w action was not required.	ere adopted by the incorporators, or board of directors without share	reholder action and shareholder
	ere adopted by the shareholders. The number of votes cast for the were sufficient for approval.	amendment(s)
	ere approved by the shareholders through voting groups. The folloded for each voting group entitled to vote separately on the amenda	
"The number of vot	es cast for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
Dated Mar	rch 21, 2024	
Signature _		
	By a director, president oct other officer – if directors or officers has selected, by an incorporator – if in the hands of a receiver, trustee, appointed fiduciary by that fiduciary)	ve not been or other court
	Aldion Cili	
	(Typed or printed name of person signing)	<u> </u>
	Secretary, Treasurer, Director	
	(Title of person signing)	

MEETING STOCKHOLDER and BOARD OF DIRECTORS CONTRACTORS LUQUIDATION CENTER WHOLESALE INC

FILED

The meeting of the sole stockholder and Board of Directors of Contractors Liquidation Center 12: 02 Wholesale, Inc. was held at the office of Forefront Law located at 6282 Dupont Station Court E., Suite 3, Jacksonville, Florida 32217, on March 5, 2024, with the following stockholder present:

ALDION CILI -Successor Personal Representative of the Estate of LEK LLESHI ROBERT MARKU – Brother of the decedent (LEK LLESHI)

Being the sole stockholder, as Successor Personal Representative of the Estate of LEK LLESHI, his presence constituted a quorum. The previous sole stockholder, LEK LLESHI, deceased, and his Successor Personal Representative, ALDION CILI, having been appointed by order of the Circuit Court in and for Duval County, Florida, case number 16-2023-CP-000669 on February 28, 2024. The initial Personal Representative died during the pendency of this probate, and a successor Personal Representative. ALDION CILI, was appointed. Being the sole stockholder for the estate, it was determined that he should be an officer and director. In addition, the brother of the decedent, Robert Marku, was present at the meeting.

The following officers and directors were unanimously elected.

ALDION CILI

Secretary, Treasurer and Director

Director

ROBERT MARKU

The above is a correct summary of the stockholder and Board of Directors meeting held this 5th day of March, 2024.

Aldion Cili. Secretary

Successor Personal Representative of the

Estate of LEK LLESHI

WAIVER OF NOTICE

The undersigned, being all of the Directors and Officers of Contractors Liquidation Center Wholesale, Inc., do hereby waive notice of time, place, and purpose of the foregoing MEETING OF BOARD OF DIRECTORS and consent to all action taken at said meeting.

Director/Off

ALDION CIL

Successor Personal Representative of the

Estate of LEK LLESHI

Director/Officer | ROBERT MARKU

Brother of the Decedent

The undersigned, being all of the Stockholders of Contractors Liquidation Center Wholesale, Inc., do hereby waive notice of time, place, and purpose of the foregoing MEETING OF STOCKHOLDERS and consent to all action taken at said meeting.

Stockholete

ALDIO CILI

Successor Personal Representative of the

Estate of LEK LLESHI