P190000 37159

(Re	equestor's Name)	
(Ad	idress)	
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COVER LETTER

TO: Amendment Section

Division of Corporations

NAME OF CORPORATION: J. DIMARZO CONSTRUCTION 42 CORP. DOCUMENT NUMBER: P19000037159 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: GERALD Di MARZO

Name of Contact Person Firm/ Company

2017 Guilford BLVD. A

Address

Boca RAYON FLORIDA 33434

City/ State and Zip Code

1 20 70.00, AHOO. Com DIMARZO CONSTRUCTION 42
Firm/ Company For further information concerning this matter, please call: MAR20 at (954) 214 - 4489

Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: S35 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 enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation

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_ <	(Name of Corporation as cur	rently fil	ed with the Florida D	ept. of State)	
J. DIMARZO	CONSTRUCTION	42	CORP	FED IA	84-4612069
	(Document Num	ber of Co	rporation (if known)		
ursuant to the provisions of sect Articles of Incorporation:	tion 607.1006, Florida Statutes	this <i>Flar</i>	ida Profit Cornoration	endomen ehr. C.D.	
Articles of Incorporation:	,	, 4115 1 101	ша г гоја Согрогацог		
If amending name, enter the	R New name of the corneration			tes ID	84.461206
	O CONSTRUCTIO		^		
me must be distinguishable and	Contain the word "com	<i>γ</i> /	- OK 10		The new
nc.," or Co.," or the designa hartered," "professional assoc			any," or "incorporate ofessional corporation	d" or the abbrevia name must conti	tion "Corp.," ain the word
Enter new principal office a	ddress, if applicable:				
rincipal office address <u>MUST</u>	BE A STREET ADDRESS)	_			
		_			
		_			
Enter new mailing address,	if applicable.				
(Mailing address MAY BE A	POST OFFICE BOX)				
					
					
		_			
If amending the registered a	gent and/or registered office		n Florida, enter the n	ame of the	
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to a series of a series a series of	Agent	iress:		ame of the	
Name of New Registered	Agent (Florid	address i lress:			
togotti ed agent anti/or	Agent (Florid	lress: la street ad	dress)	_, Florida	
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Name of New Registered	Agent (Florial idress: re, if changing Registered Agent is registered agent. I am famil	la street ad (City) gent: iar with a	dress)	_, Florida(Zip ns of the position.	Code)

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>	John Do	<u>e</u>		
X Remove	<u>v</u>	Mike Jo	<u>nes</u>		
X Add	<u>sv</u>	Sally Sn	<u>nith</u>		
Type of Action (Check One)	<u>Title</u>		Name	÷	Address
1) X Change Add Sweet R	P	`.	GERALD GERALD	DIMAPZO	BOCA RATON FLORIDA 3343
Add Switch	PST1	D _	GERALD	DIMARZU	2017 GUILFORD BLD A
Remove		_			BOCK ANTON, FLORIDA 3343
2) Change	-	_			
Add					
Remove 3) Change		_			
Add					
Remove					
4) Change					
Add					
Remove					
5) Change					
Add		·			
Remove					
6) Change					
Add		-			
Remove					

amending or adding additional Arti tach additional sheets, if necessary).	(Be specific)
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amendment provides for an excha	nge, reclassification, or cancellation of issued shares,
visions for implementing the amene (if not applicable, indicate N/A)	mee, reclassification, or cancellation of issued shares, discontained in the amendment itself:
(i) not applicable, maicate N/A)	
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The date of each amendment(s) adoption:	, if other than th
date this document was signed.	
Effective date <u>if applicable</u> :	
	than 90 days after amendment file date)
Note: If the date inserted in this block does not meet the document's effective date on the Department of State's recommendation.	e applicable statutory filing requirements, this date will not be listed as theords.
Adoption of Amendment(s) (CHECK ON	<u>E</u>)
The amendment(s) was/were adopted by the incorporat action was not required.	ors, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the sharehold by the shareholders was/were sufficient for approval.	ers. The number of votes cast for the amendment(s)
The amendment(s) was/were approved by the sharehole must be separately provided for each voting group ent	ders through voting groups. The following statement itled to vote separately on the amendment(s):
"The number of votes cast for the amendment(s)	was/were sufficient for approval
by	,"
(voting group)	
Dated v 06-02-20 Signature V	her officer - if directors or officers have not been
selected, by an incorporator -	ier officer – if directors or officers have not been if in the hands of a receiver, trustee, or other court
appointed fiduciary by that fi	duciary)
_ GFPA	printed name of person signing)
(Typed or	printed name of person signing)
C	WNER
(Title of po	erson signing)