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ENTARTHENT OF STATE
DIVISION OF CORPORATION
TALLAHASSEEL FLORING

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S. YOUNG

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: ASCEND CONST	RUCTION & DEVELOPM	IENT, INC.
DOCUMENT NUM	P1900059529		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	Johanny A. Thomas		
	·	Name of Contact Persor	1
	ASCEND CONSTRUCTION	& DEVELOPMENT, INC	
		Firm/ Company	<u> </u>
	17300 SW 89th CT	r miz company	
		Address	
	Palmetto Bay, Florida 33157		
		City/ State and Zip Code	2
JT@	ascendge.com		
		sed for future annual report	notification)
For further information	on concerning this matter, pleas	se call: at (at	815-0945
Name of Contact Person		at (Area Co) de & Daytime Telephone Number
	or the following amount made		
■ \$35 Filing Fee	S43.75 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)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address 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

ASCEND CONSTRUCTION & DEVELOPMENT	Γ, INC.			
(Name of Corpor	ration as currently	filed with the Florida D	ept. of State)	
P1900059529				
(Do	cument Number of	Corporation (if known)		
Pursuant to the provisions of section 607.1006, Floits Articles of Incorporation:	rida Statutes, this I	Florida Profit Corporation	adopts the following	ng amendment(s) to
A. If amending name, enter the new name of th	e corporation:			
ASCEND IRON WORKS, INC.				The new
name must be distinguishable and contain the word "Inc" or Co.," or the designation "Corp," "I "chartered," "professional association," or the ab	nc," or "Co". A		n name must contai	on "Corp.," in the word
B. Enter new principal office address, if applica	ıble:	17300 SW 89th CT		7020
Principal office address MUST BE A STREET ADDRESS		Palmetto Bay, Fl. 3315	7 A A A	Ž
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)		MENT OF STALE F CORPORATION ASSEE, FLORID!	2	
D. If amending the registered agent and/or reginew registered agent and/or the new registered agent Name of New Registered Agent	ed office address:		name of the	
	(Florida stre	et address)		_
New Registered Office Address: 17300 SV	17300 SW 89th CT. Palmetto Bay		, Florida 33157	
	(City)			Code)
New Registered Agent's Signature, if changing I I hereby accept the appointment as registered agen			ions of the position.	

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	V	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) Change			
Add			
Remove		\	
2) Change		_\	
Add			
Remove 3) Change			
Adđ			
Remove	1		
4) Change Add			
Remove			
5) Change			
Add			
Remove		•	\
6) Change			
Add			\
Remove			\
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	r adding additional Article nal sheets, if necessary). (Be specific)			
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provisions for	nt provides for an exchange implementing the amenda	<u>e, reclassification, or c</u> nent if not contained ir	<u>:ancellation of issued</u> the amendment its	<u>l shares,</u> elf:	
(if not app	licable, indicate N/A)				
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The date of each amendment(s) ad	option:	, if other than
date this document was signed.		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment f	
	(no more than 90 days after amendment f	ile date)
Note: If the date inserted in this bl document's effective date on the De	ock does not meet the applicable statutory filing requestrement of State's records.	irements, this date will not be listed as
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were ado by the shareholders was/were sur	oted by the shareholders. The number of votes east for ficient for approval.	the amendment(s)
	roved by the shareholders through voting groups. The each voting group entitled to vote separately on the an	
"The number of votes east t	or the amendment(s) was/were sufficient for approval	
by	(voting group)	
. —————————————————————————————————————	(voting group)	
☐ The amendment(s) is/are being fi	ed pursuant to s. 607.0120 (11) (e), F.S.	
action was not required.	oted by the incorporators, or board of directors withou	t shareholder action and shareholder
DatedJa.	V.10, 2020	
Signature	and)	
(By a du selected	rector, president or other officer – if directors of office, by an incorporator – if in the hands of a receiver, trusted fiduciary by that fiduciary)	
_	(Typed or printed name of person signing)	
	(Typed or printed name of person signing)	
_	PRESIDENT Title of person signing)	
(Title of person signing)	

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