P19000064762

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DC OLIVERY LALERITTON

COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPO	PRATION: Southern Bay Build	ders Corp	
	IBER: P19000064762		
The enclosed Article	s of Amendment and fee are su	bmitted for filing.	
Please return all corr	espondence concerning this ma	tter to the following:	
	Michael N Motto IV		
		Name of Contact Persor	1
	Southern Bay Builders Corp		
		Firm/ Company	
	2737 SW Buckhart St		
		Address	
	Port St Lucie, Fl 34953		
		City/ State and Zip Code	}
	mike@southernbldg.net		
	E-mail address: (to be us	sed for future annual report	notification)
For further informati	on concerning this matter, pleas	se call:	
Michael N Motto IV		at (772	260-1562 de & Daytime Telephone Number
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check t	for the following amount made	payable to the Florida Depa	irtment of State:
S35 Filing Fee	■\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
An Di	niling Address nendment Section vision of Corporations D. Box 6327	Amend Divisio	Address ment Section n of Corporations entre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

Southern Bay Builders Corp

(Name o	f Corporation as current	ly filed with the Florida Deg	ot. of State)	
P19000064762				
	(Document Number of	of Corporation (if known)	<u> </u>	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this	s Florida Profit Corporation 2	adopts the following	amendment(s) to
A. If amending name, enter the new na	ame of the corporation:			
			<u> </u>	The new
name must be distinguishable and contain "Inc.," or Co.," or the designation "Contrartered," "professional association,"	Corp," "Inc," or "Co".	A professional corporation :	" or the abbreviation name must contain	i "Corp.," the word
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		2737 SW Buckhart St		
		Port St Lucie, Fl 34953		
				,
C. Enter new mailing address, if applicable: (Muiling address MAY BE A POST OFFICE BOX)		2737 SW Buckhart St	e e	777
		Port St Lucie, Fl 34953		
				
D. If amending the registered agent an new registered agent and/or the ne	nd/or registered office address	dress in Florida, enter the na	ame of the	
Name of New Registered Agent	Michael N Motto IV			
, was a second of the second o	2737 SW Buckhart St			
	(Florida s	treet address)	-	ı
New Registered Office Address:	Port St Lucie,		. Florida	
New Registered Office Tadocas.		(City)	(Zip C	ode)
	s to Donton and America	- 4 .		
New Registered Agent's Signature, if of I hereby accept the appointment as regis	tered agent. I am familiar	xt: with and accept the obligation	ons of the position.	
	17/ /	1/1		
. 4//	Aut TH			
- ///-	Signature of New	Registered Agent, if changing	3	
Check if applicable			_	
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	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Namc</u>	<u>Addres</u> s
I) Change	Pres	Joanna F. Motto	11367 SW Lake Park Dr
Add			Port St Lucie Fl. 34987
x Remove			
2) Change	Pres	Michael N MottoIV	733 SW Duxbury Ave
x Add			Port St Lucie, Fl 34983
Remove 3) x Change	VP	Michael N Motto Jr	
Add			11367 SW Lake Park Dr
Remove			Port St Lucie, Fl 34987
4) Change			
Add			
Remove			
51 Change			
Add			
Remove			
6) Change			
Add			
Remove			

(Attach additional sheets, if necessary)	rticles, enter change(s) here:). (Be specific)
	
	
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- ***	
f an amendment provides for an exc	change, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	mendment if not contained in the amendment itself:

.

The date of each amendment(s) a date this document was signed.	doption:	, if other than the
Effective date <u>if applicable</u> :		
apprensie	(no more than 90 days after amendment file	e date)
Note: If the date inserted in this bedocument's effective date on the D	block does not meet the applicable statutory filing requirepartment of State's records.	rements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were addaction was not required.	opted by the incorporators, or board of directors without s	shareholder action and shareholder
☐ The amendment(s) was/were add by the shareholders was/were so	opted by the shareholders. The number of votes east for tifficient for approval.	he amendment(s)
must be separately provided for	proved by the shareholders through voting groups. The foreach voting group entitled to vote separately on the ame	ollowing statement ndment(s):
"The number of votes cast by	for the amendment(s) was/were sufficient for approval (votibe group)	
selecte	getor, president or other owner – if directors or officers i, by an incorporator (if in the hands of a receiver, truste ed fiduciary by that fiduciary)	have not been e, or other court
	Michael N Motto: (Typed or printed name of person signing) President (Title of person signing)	Y