P20 00001143 9

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

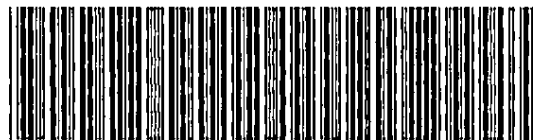☐ PICK-UP   ☐ WAIT   ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____   Certificates of Status _____

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COVER LETTER

TO: Amendment Section
     Division of Corporations

NAME OF CORPORATION: _ALLTEK BUILDING & CONSTRUCTION, INC_

DOCUMENT NUMBER: _P2000001439_

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

LOUISA CITEK

Name of Contact Person

ALLTEK BUILDING & CONSTRUCTION, INC

Firm/ Company

1746 GREAT BRIKHILL RD

Address

CLEARWATER, FL 33755

City/ State and Zip Code

ALLtek qc@ yahoo. com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LOUISA CITEK at (_727_) _422- 7050_

Name of Contact Person   Area Code & Daytime Telephone Number

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
                                     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
of

ALLTEK   BUILDING   of CONSTRUCTION,   INC

(Name of Corporation as currently filed with the Florida Dept. of State)

_P200000011439_

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this _**Florida Profit Corporation**_ adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation: N/A

_____The new
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable;
(Principal office address **MUST BE A STREET ADDRESS**)

N/A

C. Enter new mailing address, if applicable:
(Mailing address **MAY BE A POST OFFICE BOX**)

N/A

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent   N/A

_____
(Florida street address)

New Registered Office Address: _____, Florida_____
                                        (City)   _(Zip Code)_

New Registered Agent's Signature, if changing Registered Agent;
I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

N/A

_____
Signature of New Registered Agent, if changing

Check if applicable
☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), F.S.

N/A

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, a. 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 = Chie. 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	PT	John Doe
X Remove	V	Mike Jones
X Add	SV	Sally Smith

Type of Action (Check One)	Title	Name	Address
1) X Change	P D	Louisa Citck	1746 Great Brikhill Rd Clearwater, FL 33755
___ Add			
___ Remove			
2) ___ Change	V	Charles Duvall	1996 Arvis Circle E Clearwater, FL 33764
X Add			
___ Remove			
3) ___ Change			
___ Add			
___ Remove			
4) ___ Change			
___ Add			
___ Remove			
5) ___ Change			
___ Add			
___ Remove			
6) ___ Change			
___ Add			
___ Remove			

The date of each amendment(s) adoption: _____ **, if other than** date this document was signed.

N/A

Effective date if applicable: _____

(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as th document's effective date on the Department of State's records.

Adoption of Amendment(s) **(CHECK ONE)**

☑ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.

☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

☐ The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):*

"The number of votes cast for the amendment(s) was/were sufficient for approval

N/A

by _____"

(voting group)

Dated ___ *05- 22- 2020* ___

Signature _____

(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

___ *Louisa Citck* ___

(Typed or printed name of person signing)

___ *P D* ___

(Title of person signing)