P20000060619

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(Cit	y/State/Zip/Phone	= #)	
PICK-UP	☐ WAIT	MAIL	
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Certified Copies	_ Certificates	s of Status	
Special Instructions to Filing Officer:			
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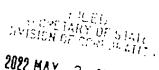
COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	Capital Construction RATION:	n II Inc.			
DOCUMENT NUMI	P20000060619 BER:				
The enclosed Articles	of Amendment and fee are sub	omitted for filing.			
Please return all corre	spondence concerning this mat	ter to the following:			
	Thomas Cappadona				
	Capital Construction II Inc.	Name of Contact Person	1		
	7050 Dani Drive Suite 140-1-	Firm/ Company 40			
	Fort Myers, Florida 33966	Address			
	City/ State and Zip Code				
	tcappadona@me.com				
	E-mail address: (to be use	ed for future annual report	notification)		
For further informatio	n concerning this matter, pleas	e call:			
Thomas Cappadona		727 at (457-2503		
Name of Contact Person			de & Daytime Telephone Number		
Enclosed is a check fo	r the following amount made p	payable to the Florida Depa	artment 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)		
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



Capital Construction II Inc.

(5)	AM 10:
P20000060619	as currently filed with the Florida Dept. of State)
(Documer	nt Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida S its Articles of Incorporation:	statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corp	porațion:
	The new
	poration," "company," or "incorporated" or the abbreviation "Corp.," or "Co". A professional corporation name must contain the word ation "P.A."
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDR</u>	PESS)
	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered new registered agent and/or the new registered of	
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	(City) , Florida (Zip Code)
	(Улу)
New Registered Agent's Signature, if changing Regist	
I hereby accept the appointment as registered agent. To	am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

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)

Example:

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 De	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally Si	mith_	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
	S		Joshua A Cappadona	7050 Dani Drive Suite 140-140
1) Change X Add		-		Fort Myers, Florida 33966
Remove				
2) Change		_		
Add				
Remove 3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

Attach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)	
		
·		
		
	 -	
		
f an amendment provides for an exch	ange, reclassification, or cancellation of adment if not contained in the amendme	issued shares,
(if not applicable, indicate N/A)	idinent it not contained to the amending	int resent.
		

April 25,2022

* *	doption:	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment fi	le date)
Note: If the date inserted in this document's effective date on the E	block does not meet the applicable statutory filing requirement of State's records.	irements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were action was not required.	opted by the incorporators, or board of directors without	shareholder action and shareholder
■ The amendment(s) was/were ac by the shareholders was/were s	opted by the shareholders. The number of votes cast for afficient for approval.	the amendment(s)
	proved by the shareholders through voting groups. The feech voting group entitled to vote separately on the amount	
"The number of votes cas	for the amendment(s) was/were sufficient for approval	enamenu(s):
by	,,,	2 95
	(voting group)	2 220
April 25,2	22	宝 龍
Dated		6 E
Signature	TM	
select	irector, president or other officer – if directors or officer d, by an incorporator – if in the hands of a receiver, trust ted fiduciary by that fiduciary) Thomas Cappadona	s have not been tee, or other court
	(Typed or printed name of person signing) Pres.	
	(Title of person signing)	