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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: $\frac{B}{A}$	INNACLE CON	STRUCTION CORP			
	10062282				
The enclosed Articles of Amendme	ent and fee are su	bmitted for filing.			
Please return all correspondence co	oncerning this ma	tter to the following:			
PASCUAL	ACEVEDO				
		Name of Contact Person	1		
BINNACLE	BINNACLE CONSTRUCTION CORP				
		Firm/ Company			
3080 S IND	3080 S INDIANA AVE				
		Address			
SAINT CLO	SAINT CLOUD, FL 34769				
	City/ State and Zip Code				
ACEPASCU	JAL2@HOTMA	IL.COM			
E-mail	address: (to be us	ed for future annual report	notification)		
For further information concerning	this matter, pleas	se call:			
PASCUAL ACEVEDO		at (<u>407</u>) 375-0520 de & Daytime Telephone Number		
Name of Contact Pe	erson	Area Coo	de & Daytime Telephone Number		
Enclosed is a check for the following	ng amount made j	payable to the Florida Depa	artment of State:		
-	75 Filing Fee & Teate 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 Sect Division of Corp P.O. Box 6327 Tallahassee, FL.	ion orations	Amend Divisio The Ce	Address ment Section n of Corporations entre of Tallahassee J. Monroe Street, Suite 810		

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

1617 SEV - 7 Fix 8: 26

BINNACLE CONSTRUCTION CORP

(Name of	Corporation as current	tly filed with the Florida Dept. of State)	
P20000062282			
	(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607.10 its Articles of Incorporation:	006. Florida Statutes, this	s Florida Profit Corporation adopts the following amendment(s)	
A. If amending name, enter the new nam	ne of the corporation:		
N/A		The new	
name must be distinguishable and contain to "Inc.," or Co.," or the designation "Co "chartered," "professional association," o	rp," "Inc," or "Co".	"company," or "incorporated" or the abbreviation "Corp.," A professional corporation name must contain the word	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		3080 SOUTH INDIANA AVE.	
		SAINT CLOUD, FLORIDA 34769	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		3080 SOUTH INDIANA AVE.	
		SAINT CLOUD, FLORIDA 34769	
D. If amending the registered agent and new registered agent and/or the new Name of New Registered Agent			
	 √i/A		
_	(Florida s	treet address)	
New Registered Office Address;	Ñ/A	. Florida	
	 -	(City) (Zip Code)	
New Registered Agent's Signature, if cha I hereby accept the appointment as register	anging Registered Agen red agent. I am familiar	nt: 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 Doe	
X Remove	$\underline{\mathbf{V}}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	N/A	N/A	N/A
Add			N/A
Remove			N/A
	N/A	N/A	N/A
Add			N/A
D			N/A
3) Change	N/A	N/A 	N/A
Adđ			N/A
Remove			N/A
4) Change	N/A	N/A	N/A
Add			N/A
Remove			N/A
5) Change	N/A	N/A	N/A
Add		_	N/A
Remove			N/A
6) Change	N/A	N/A	N/A
		_	N/A
Add			N/A
Remove			13/43

(Attach a	<pre>ling or adding additional Articles, enter change(s) here: dditional sheets, if necessary). (Be specific)</pre>	
N/A		
		· .
	 	
· -		
		
F. <u>If an am</u>	endment provides for an exchange, reclassification, or cancellation of issued shons for implementing the amendment if not contained in the amendment itself:	ares,
(if)	not applicable, indicate N/A)	
N/A		
· · · · · · · · · · · · · · · · · · ·		
	· · · · · · · · · · · · · · · · · · ·	

The date of each amendment(s) adop	tion:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bloc document's effective date on the Depar	k does not meet the applicable statutory filing requirements, tment of State's records.	this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were adopte action was not required.	d by the incorporators, or board of directors without sharehold	ler action and shareholder
A The amendment(s) was/were adopte by the shareholders was/were suffice	d by the shareholders. The number of votes cast for the amen ient for approval.	dment(s)
	red by the shareholders through voting groups. The following wh voting group entitled to vote separately on the amendment(s	
"The number of votes cast for	the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
9/2		
Dated \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
Signature	tor, president or other officer – if directors or officers have no	t hoor
selected, b	y an incorporator – if in the hands of a receiver, trustee, or oth fiduciary by that fiduciary)	
	Johannie Acevedo	>
	(Typed or printed name of person signing)	
(President	
	(Title of person signing)	