## P20 0000 86507

(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
/Ru	siness Entity Name	<u>,                                      </u>
(Bu	siness Endty Name	:)
(Do	cument Number)	
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2020 NOV 23 PH 5: 09
SECRETARY OF STATE
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## **COVER LETTER**

TO: Amendment Section Division of Corporations NAME OF CORPORATION: \_\_\_\_DONAVAN CONSTRUCTION INC DOCUMENT NUMBER: P20000086507 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: MARCOS MALDONADO Name of Contact Person DONAVAN CONSTRUCTION INC Firm/ Company 4757 CHACHA CT Address WEST PALM BEACH FL 33415 City/ State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: MARCOS MALDONADO Name of Contact Person 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

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

FILED

DONAVAN CONSTRUCTION INC 2020 NOV 23 PM 5: 09 (Name of Corporation as currently filed with the Florida Dept. of State) SECRETARY OF STATE P20000086507 TALLAHASSEE EL (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: 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) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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 (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.

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)

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 D	<u>oe</u>			
X Remove	<u>V</u>	Mike Jones				
_X Add	<u>sv</u>	Sally S	<u>mith</u>			
Type of Action (Check One)	Title		Name	<u>Addres</u> s		
1) X Change	VP	_	ADELMAR G MONZON CALDERCN	1489 SCOTTSDALE RD N		
Add			***************************************	WEST PALM BEACH FL 33415		
Remove						
2) Change		_				
Add						
Remove 3) Change						
Add						
Remove						
4) Change		_				
Add						
Remove						
5) Change		<b>-</b>				
Add						
Remove						
6) Change		_				
Add						
Ramova						

<u>f amending or adding additional Arti</u> Attach <i>additional sheets, if necessary).</i>	(Be specific)
	<del></del>
<u> </u>	
f an amandmant provides for an avok	ange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
-	
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The day of the same	11/18/2020	
The date of each amendment(s) a date this document was signed.	idoption:	, if other than the
_	27/2n2n	
Effective date <u>if applicable:</u>	27/2020	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, this repartment of State's records.	date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were ad action was not required.	lopted by the incorporators, or board of directors without shareholder ac	ction and shareholder
☐ The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes east for the amendment ufficient for approval.	nt(s)
☐ The amendment(s) was/were ap must be separately provided for	proved by the shareholders through voting groups. The following state reach voting group entitled to vote separately on the amendment(s):	ment
"The number of votes case	for the amendment(s) was/were sufficient for approval	
by	•	
-/ <del></del>	(voting group)	
11/18/2020	)	
Dated		
Cimatura	111111111111111111111111111111111111111	
Signature /-	MANNES NAMES AND AS lirector, president or other officer – if directors or officers have not been	
selecte	d, by an incorporator – if in the hands of a receiver, trustee, or other co	Ω wet
	ted fiduciary by that fiduciary)	uit
	MARCOS MALDONADO	
	(Typed or printed name of person signing)	
	OWNER /P	
	(Title of person signing)	<del></del>
	( time or beraon aigning)	