## P20000095

(Reques	stor's Name)	
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2022 NOV 18 PH 1: 29

2/14/2023

## COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORPORA	TION:	NTRACT EXPE	RT PTY CO	ORP
DOCUMENT NUMBE	R:	P20000090	025	
The enclosed Articles of	Amendment and fee are sul	bmitted for filing		
Please return all correspo	ondence concerning this ma	tter to the follow	ng:	
		SAMUEL J A	ANTON	
Name of Con		act Person		
CONTRACT EXPE			i	DRP
Firm/ Co			mpany	
2090 W PRESERVE		WAY # 303	}	
_	Addr		\$SS	
MIRAMAR,		FL 33025		
	City/ State and Zip Code			
	sjcant22@gmail.com			
	E-mail address: (to be us	sed for future ann	ual report no	otification)
For further information of	concerning this matter, pleas	se call:		
SAMU	EL J ANTON	at (	954	394-3768
Name of Contact Person			Area Code	& Daytime Telephone Number
Enclosed is a check for t	he following amount made	payable to the Flo	orida Depart	ment of State:
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 Filin Certified Co (Additional d enclosed)	ру	S52.50 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		Division The Cen 2415 N.	ddress ent Section of Corporations tre of Tallahassee Monroe Street, Suite 810 see, FL 32303	

## Articles of Amendment to Articles of Incorporation

FILED

CONTRACT EXPERT PTY CORP <u> 2022 NOV 18 pm i</u> (Name of Corporation as currently filed with the Florida Dept. of State) P2000000000025 (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): its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "dompany," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". 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: (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) (€), F.S.

address of each Officer (Attach additional sheet Please note the officer/a P = President; V = Vice Executive Officer; CFO President, Treasurer, Di Changes should be note a change, Mike Jones le Mike Jones, V as Remov	and/or I s, if neces lirector tit Presiden = Chief F lirector wo d in the fo aves the c	Director being added: sary) the by the first letter of the office title; the by the first letter of the office title; the treasurer; S= Secretary: D= Direction had been director had been been been been been been been bee	each officer/director being removed and title, name, an ector; TR= Trustee; C = Chairman or Clerk; CEO = Chie elds more than one title, list the first letter of each office held listed as the PST and Mike Jones is listed as the V. There is not S. These should be noted as John Doe, PT as a Change
Example: X.Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	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	VP	DESSIREE RODRIGUEZ	2090 W PRESERVE WAY #303
Add			MIRAMAR, FL 33025
X Remove			
2) Change			
Add			
Remove 3) Renove			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change		_	
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6)Change	<del></del>	_	
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Remove

Attach additional sheets, if necessary). (Be specific)	here:
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11/01/2022	
The date of each amendment(s) adoption:date this document was signed.	, if other than t
11/01/2022	
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 application document's effective date on the Department of State's records.	able statutory filing requirements, this date will not be listed as t
Adoption of Amendment(s) (CHECK ONE)	
■ The amendment(s) was/were adopted by the incorporators, or b action was not required.	oard of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders. The by the shareholders was/were sufficient for approval.	number of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders thro must be separately provided for each voting group entitled to v	
"The number of votes cast for the amendment(s) was/wer	e sufficient for approval
by	
(voting group)	
11/10/2022 Dated	
Signature Signature	
	er – if directors or officers have not been
	hands of a receiver, trustee, or other court
appointed fiduciary by that fiduciary)	
SAMUEL J ANTO	N
(Typed or printed n	ame of person signing)
PRESIDENT	
(Title of person sig	ning)