P20000091395

(Re	questor's Name)	-
(Ad-	dress)	
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2022 HAR -2 PM 2: 00

SECREMAN OF STATE

cf 3/10/2022

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF COR	PORATION: Muelby Construction	on Services, Inc.				
DOCUMENT N	P20000091398					
The enclosed Arti	icles of Amendment and fee are su	bmitted for filing.				
Please return all c	orrespondence concerning this ma	tter to the following:				
	Michael Moss					
	· · · · · · · · · · · · · · · · · · ·	Name of Contact Person				
	Muelby Construction Service	s, Inc.				
		Firm/ Company				
	378 Northlake Blvd, # 227					
		Address				
	North Palm Beach, FL 33408					
		City/ State and Zip Cod	e			
	michael@muelbyconstructior	n.com				
	E-mail address: (to be us	ed for future annual report	notification)			
For turther inforn Michael Moss	nation concerning this matter, pleas	se call: at (at (376-7614			
No	ime of Contact Person	Area Co	de & Daytime Telephone Number			
Enclosed is a chec	ek for the following amount made p	payable to the Florida Dep	artment of State:			
□ \$35 Filing Fe	e □\$43.75 Filing Fee & Certificate of Status	■\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)			

Articles of Amendment to Articles of Incorporation of

FILED

Muelby Construction Services, Inc.

2022 MAR -2 PM 2:00

(Name of Corporation as current	tly filed with the Florida Dept. of Stafe) 3: STATE
P20000091398	TALLAHASGLE, FL
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporation:	
n/a	The new
name must be distinguishable and contain the word "corporation," ' "Inc.," or Co.," or the designation "Corp," "Inc," or "Co", "chartered," "professional association," or the abbreviation "P.A.	A professional corporation name must contain the word
B. Enter new principal office address, if applicable:	n/a
(Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable:	n/a
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	
D. If amending the registered agent and/or registered office add	dear, in Elorida, antar the name of the
new registered agent and/or the new registered office addres	
Name of New Registered Agent	
- All Control of the	
(Florida st	treet address)
New Registered Office Address:	. Florida
New Registered Office Address.	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agen hereby accept the appointment as registered agent. I am familiar	
Signature of New I	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>	<u>John De</u>	<u>oe</u>	
X Remove	$\underline{\mathbf{V}}$	Mike Jo	<u>enes</u>	
X Add	<u>SV</u>	<u>Sally Sr</u>	nith	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change	VP	_	Jennifer Bartu	Remove: 1664 NE White Pine Ter
Add X Remove				Ocean Breeze, FL 34957-5778
2) Change		_		
Add				
Remove 3) Change		_		
Add				
Remove				
4) Change		_		
Add				 ,
Remove				
5) Change		_		
Add				
Remove				
6) Change				
Add		_		
Remove				

E. If amending or adding additional Articles, enter change(s) here:	
(Attach additional sheets, if necessary). (Be specific)	
	·
	_
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:	
(if not applicable, indicate N/A)	
Ms. Bartu separated herself from the company on November 30, 2021 and has therefore released any claim	s to the company
or its shares.	
	<u>. </u>

November 30, 2021	
The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
November 30, 2021	
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 requiremen document's effective date on the Department of State's records.	ts, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of directors without shareh action was not required.	older action and shareholder
☐ The amendment(s) was/were adopted by the shareholders. The number of votes east for the amendment(s) was/were sufficient for approval.	nendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following must be separately provided for each voting group entitled to vote separately on the amendment	
"The number of votes east for the amendment(s) was/were sufficient for approval	
by ^{n/a}	
(voting group)	
2/7/2022	
Dated	
(0)	
Signature Signature	·
(By a director, president or other officer – if directors or officers have selected, by an incorporator – if in the hands of a receiver, trustee, or appointed fiduciary by that fiduciary)	
Michael Moss	
(Typed or printed name of person signing)	
President	
(Title of person signing)	