P210000 82299

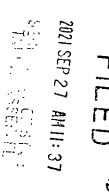
(Re	equestor's Name)	
(Ad	idress)	
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(Cit	ty/State/Zip/Phone	e #)
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COVER LETTER

TO: Amendment Section

Division of Corporations

NAME OF CORPOR	ATION: LEZCANO & SON	N CONSTRUCTION INC	
DOCUMENT NUMB	ER: P21000082299		
	of Amendment and fee are sub	omitted for filing.	
Please return all corres	pondence concerning this mat	ter to the following:	
	MARIA LEZCANO		
	- -	Name of Contact Persor	1
	LEZCANO & SON CONSTR	RUCTION INC	
	<u> </u>	Firm/ Company	
	452 NE 1ST PL		
	<u> </u>	Address	
	CAPE CORAL FL 33909		
		City/ State and Zip Cod	e
	lucerodominguez@hotmail.co	om	
		sed for future annual report	notification)
	L-mair address. (to be us	icu ivi iumo umam reper-	
For further informatio	n concerning this matter, pleas	se call:	
LUCERO DOMINGU	JEZ	at (573-1704
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	r the following amount made	payable to the Florida Dep	artment of State:
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate 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)
Am Div P.O	iling Address endment Section ision of Corporations . Box 6327 lahassee, FL 32314	Amend Division The C	Address dment Section on of Corporations Centre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation

of

No. of Comparation of Surren	thy filed with the Florida Dept. of State)	`
(Name of Corporation as current	ny med with the Florida Dept. of State,	
(Document Number	of Corporation (if known)	
tursuant to the provisions of section 607.1006, Florida Statutes, this s Articles of Incorporation:	s Florida Profit Corporation adopts the follow	wing amendment(s) t
a. If amending name, enter the new name of the corporation:		
		Thenew
ame 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 con	lation "Corp.," utain the word
3. Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDRESS</u>)		
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>)		2021 SEF
 If amending the registered agent and/or registered office ad new registered agent and/or the new registered office addre 	dress in Florida, enter the name of the	77 AHII: 3
		7
Name of New Registered Agent		
(Florida	street address)	
New Registered Office Address:	, Florida	
New Registered Office Address.	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Age I hereby accept the appointment as registered agent. I am familia	nt: r with and accept the obligations of the positi	ion.
Signature of Man	Registered Agent, if changing	
Signature of New	regmered agent, y changing	

☐ 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)

Add

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.

Example: <u>PT</u> John Doe X Change X Remove V Mike Jones $\underline{\lambda}$ Add <u>SV</u> Sally Smith Address Type of Action Title <u>Name</u> (Check One) 425 SE 15TH STREET **ERICH ARQUEZ** VP 1) ____ Change CAPE CORAL FL 33990 ____ Add Remove Change ____ Add Remove 3) Change ____ Add ____ Remove 4) ____ Change ____ Add ____ Remove 5) ____ Change ____ Add ____ Remove δ) ____ Change

(Attach additional sheets, if necessary).	ticles, enter change(s) here: (Be specific)
WANT TO REMOVE THE OFFICER	
	
	74- 4-
	
provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

The date of each amendment(s) a	09/21/2021 doption:	, if other than t
date this document was signed.	21/2021	
Effective date if applicable:		
	(no more than 90 days after amendment f	ile dater
Note: If the date inserted in this document's effective date on the D	plock does not meet the applicable statutory filing requepartment of State's records.	airements, this date will not be listed as t
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were ad action was not required.	opted by the incorporators, or board of directors without	shareholder action and shareholder
■ The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes east for afficient for approval.	r the amendment(s)
	proved by the shareholders through voting groups. The each voting group entitled to vote separately on the am	
	for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
09/21/20:	1	
Dated		
Signature		
selecte	incetor, president or other officer – if directors or officer d, by an incorporator – if in the hands of a receiver, trusted fiduciary by that fiduciary)	
	MARIA LEZCANO	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	