P22000060003

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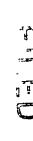
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: BROTHERS CUS	TOM HOMES CONTRAC	CTOR, INC.	
DOCUMENT NUM	BER: P22000060003			_
The enclosed Article	s of Amendment and fee are su	bmitted for filing.		
Please return all corre	espondence concerning this ma	tter to the following:		
	TOMAS BARTOLOME, MA	mager owner	manager	
		Name of Contact Person	n	
	BROTHERS CUSTOM HO	MES CONTRACTOR, INC	C.	
		Firm/ Company		
	2715 HOPE ST			
	•	Address		
	SARASOTA, FL 34231			•
		City/ State and Zip Cod	e	
				• - 6
	E-mail address: (to be us	sed for future annual report	notification)	_ fr:
For further information	on concerning this matter, pleas	se call:		Vasat.
TOMAS BARTOLOME		941 at () 526-8544 de & Daytime Telephone N	(
Name	of Contact Person	Area Co	de & Daytime Telephone N	umber
Enclosed is a check f	or the following amount made	payable to the Florida Dep	artment of State:	
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Division The C 2415 ?	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 8 assee, FL 32303	10

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Articles of Amendment to Articles of Incorporation

BROTHERS CUSTOM HOMES CONTRAC	JTOR.	INC.
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(Name of Corporation as curre	ntly filed with the Florid	a Dept. of State)		
P22000060003				
(Document Numbe	r of Corporation (if knows	1)		
Pursuant to the provisions of section 607.1006, Florida Statutes, thits Articles of Incorporation:	is <i>Florida Profit Corpora</i>	ation adopts the fo	llowing amer	ndment(s) to
A. If amending name, enter the new name of the corporation:				
	···			new
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," The," or "Co". "chartered," "professional association," or the abbreviation "P.)	A professional corpora			
B. Enter new principal office address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)	_			
				
			20	
C. Enter new mailing address, if applicable:			- Z	
(Mailing address MAY BE A POST OFFICE BOX)			- 	<u> </u>
			- 	
			<u>.</u> . p	
D. 16 and division of the second seco	lduras in Chrysian and an	h	12	
D. If amending the registered agent and/or registered office at new registered agent and/or the new registered office address.		ne name of the	58	
Name of New Registered Agent				
rame by New Negistered Agent				
(Florida	street address)	· <u>-</u>		
New Registered Office Address:	(City)	, Florida	(Zip Code)	
	•			
New Registered Agent's Signature, if changing Registered Age			*.*	
I hereby accept the appointment as registered agent. I am familio	ir with and accept the obli	gations of the pos	ition.	
Signature of New	Registered Agent, if char	nging		

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.

Example:	ve, ana su	пу этт, эт из ин лии.	
X Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
I) Change	<u>V</u>	MITCHELL BARTOLOME	
Add			
X Remove		Eddy	
2) Change	V	-EDDIE BARTOLOME	2715 HOPE ST
X Add			SARASOTA. FL 34231
Remove 3) Change			2022 A
Add			6
			
Remove			- S P III
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)			/
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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)			•
			_
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	•		_
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			_

The date of each amendment(s) ac date this document was signed.	loption:		, if other than the
· ·			
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)		
Note: If the date inserted in this bl document's effective date on the De	ock does not meet the applicable statutory filing requirements, partment 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 ado action was not required.	pted by the incorporators, or board of directors without sharehole	der action and	shareholder
☐ The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amen	ndment(s)	
	roved by the shareholders through voting groups. The following each voting group entitled to vote separately on the amendment(
"The number of votes cast	for the amendment(s) was/were sufficient for approval	÷	(C)
by			AUG
	(voting group)	~.	5
08/02/20	22	4	PH J
Dated		म् इस स्थ	$\overline{\sim}$
Signature	2 CERTIFICANO		PH 12: 58
(By a di	rector, president or other officer – if directors or officers have no		
	by an incorporator – if in the hands of a receiver, trustee, or oth	er court	
appoint	ed fiduciary by that fiduciary)		
	TOMAS BARTOLOME		
•	(Typed or printed name of person signing)		 -
Quna	Manager, Incorporator		
-	(Title of person signing)		