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(R)	equestor's Name)	
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PICK-UP	MAIT	MAIL
(R)	usiness Entity Name	<u>e)</u>
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	RATION: CENTRAL FLORI	DA WELDING AND MA	INTENANCE WORK INC		
DOCUMENT NUME	BER:				
	of Amendment and fee are sul	bmitted for filing.			
Please return all corres	pondence concerning this mat	tter to the following:			
	RON HIESTAND				
	• •	Name of Contact Persor	<del></del>		
	ISOURCE TAX AND ACCOUNTING				
	Firm/ Company				
	1532 LAND O LAKES BLVD				
		Address			
	LUTZ, FL 33549				
		City/ State and Zip Code	2		
	RONHIESTAND@GMAIL.COM				
	E-mail address: (to be us	ed for future annual report	notification)		
	n concerning this matter, pleas	se call:			
MATHEW SPIVEY		at ( <u>863</u>	_) 581-7754		
Name o	of Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check fo	r the following amount made p	payable to the Florida Depa	artment of State:		
■ \$35 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)		
Amo Divi P.O.	ling Address endment Section sion of Corporations Box 6327 ahassee, FL 32314	Amend Divisio The Co 2415 N	Address ment Section n of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303		

## Articles of Amendment to Articles of Incorporation

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CENTRAL FLORIDA WELDING AND MAINTENANCE WORK INC

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

(Name of Corporation	n as currently filed with the b	Horida Dept. of State)2/	PH 4: 02
222000078835			. 01
(Docume	ent Number of Corporation (if l	known)	,
Pursuant to the provisions of section 607.1006, Florida State Articles of Incorporation:	Statutes, this Florida Profit Co	prporation adopts the following	ng amendment(s
a. If amending name, enter the new name of the cor	rporation:		
CENTRAL FLORIDA WELDING AND MAINTENA	NCE INC		The new
ame must be distinguishable and contain the word "cor Inc.," or Co.," or the designation "Corp," "Inc," chartered," "professional association," or the abbrev	or "Co". A professional co		on "Corp.,"
3. Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDI</u>			
. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>	·		
If amending the registered agent and/or registere new registered agent and/or the new registered or the n		nter the name of the	
Name of New Registered Agent			_
	· (Florida street address)		_
N = P = 1 and Office Address		, Florida	
New Registered Office Address:	(City)		Code)
New Registered Agent's Signature, if changing Registeredy accept the appointment as registered agent. I		ne obligations of the position.	
Signat	ture of New Registered Agent.	if changing	_
Check if applicable			
Citeen ii applicable			

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>	John Do	<u>oe</u>	
X Remove	$\underline{V}$	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sr	nith	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change		_		
Add				
Remove				
2) Change		_		
Add				
Remove 3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Remove				

Attach additional sheets, if necessary).	(Be specific)	
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f an amendment provides for an exch	ange, reclassification, or cancellation of i	ssued shares,
provisions for implementing the ame	dment if not contained in the amendmer	nt itself:
(if not applicable, indicate N/A)		
(2) (1)		
<i>y</i> ,,,	•	
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The date of each amendment(s) ad	ontion:	, if other than the
date this document was signed.		, it offices than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
<b>Note:</b> 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.	s, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ado action was not required.	nted by the incorporators, or board of directors without shareho	older action and shareholder
☐ The amendment(s) was/were ado by the shareholders was/were su	oted by the shareholders. The number of votes cast for the ame ficient for approval.	endment(s)
	roved by the shareholders through voting groups. The followin each voting group entitled to vote separately on the amendmen	
"The number of votes cast of the work of the by the	or the amendment(s) was/were sufficient for approval  (voting group)	
Dated 1 24	.2023	
selected	ector, president of other officer – if directors or officers have r, by an incorporator – if in the hands of a receiver, trustee, or old fiduciary by that fiduciary)	
	MATHEW SPIVEY	
	(Typed or printed name of person signing)	
	PRESIDENT	
•	(Title of person signing)	<del></del>