P230000 13881

(Re	questor's Name)	
bA)	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number)	
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer.	
	J. H	ORNE
	MAD	- k 2024
	MAK	- 4 2024





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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORA	TION: THERET REMODE	ELING & GENERAL CONTRU	CHON, INC.
DOCUMENT NUMBE	R:		
The enclosed Articles of	Amendment and fee are su	bmitted for filing.	
Please return all correspo	ndence concerning this ma	tter to the following:	
	CLIF	TON H. RODRIQUEZ, CPA	
		Name of Contact Person	
	CLIFT	ON H. RODRIQUEZ, CPA, PA	
		Firm/ Company	
		3146 NW 68th STREET	
_		Address	<u></u>
	FORT LA	AUDERDALE, FLORIDA 33309	-1206
_		City/ State and Zip Code	·
		crodzzz13@gmail.com	
_	E-mail address: (to be us	sed for future annual report notific	cation)
	oncerning this matter, pleas		05-1878
Name of	Contact Person	Area Code & I	Daytime Telephone Number
Enclosed is a check for the	ne following amount made	payable to the Florida Departmen	it of State:
□ \$35 Filing Fee	■\$43.75 Filing Fee & Certificate of Status	Certified Copy C (Additional copy is c enclosed) (A	52.50 Filing Fee ertificate of Status ertified Copy Additional Copy s enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Addre Amendment	

Articles of Amendment to Articles of Incorporation of

NEALY REMODELING & GENERAL CONTRUCTION, INC.

(Name of Corporation	as currently filed with	the Florida Dept. of Sta	<u>te</u>)
	P23000013881		
(Docume	nt Number of Corporation	on (if known)	
Pursuant to the provisions of section 607,1006, Florida Sits Articles of Incorporation:	Statutes, this Florida Pro	fit Corporation adopts the	: following amendment(s) to
A. If amending name, enter the new name of the cor	peration:		
NEALY REMODELING & RI	ESIDENTIAL CO	NSTRUCTION, IN	NC. The new
name must be distinguishable and contain the word "corp". "Inc.," or Co.," or the designation "Corp," "Inc," "chartered," "professional association," or the abbrevi	or "Co". A profession	or "incorporated" or the a nal corporation name mu	bbreviation "Corp.," ist contain the word
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDR	RESS)	 	
			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
D. If amending the registered agent and/or registere new registered agent and/or the new registered of		ida, enter the name of th	<u>e</u>
Name of New Registered Agent			
	(Florida street address)		
New Registered Office Address:	State V S 1 S	, Florid	
	(City)		(Zip Code)
New Registered Agent's Signature, if changing Regis	tered Agent:		
I hereby accept the appointment as registered agent. I		ept the obligations of the	position.
Signati	ure of New Registered Ag	gent, 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)

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 Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change			
Add			
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Pemove			

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)	Attach addi	g or adding addition tional sheets, if nece	ssary). (Be spe	cific)	 -		
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)	•	-	•				
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 NA)							
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	If an amend	Iment provides for for implementing to applicable, indicate	an exchange, rec	classification, of not contained	r cancellation of in the amendme	issued shares, nt itself:	
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FEBRUARY 8, 2024 The date of each amendment(s) adoption: _ , if other than the date this document was signed. **FEBRUARY 8, 2024** 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 requirements, this date will not be listed as the document's effective date on the Department of State's records. Adoption of Amendment(s) (CHECK ONE) ☐ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required. ☐ The amendment(s) was/were adopted by the shareholders. The number of votes east for the amendment(s) by the shareholders was/were sufficient for approval. 🗎 The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s): "The number of votes cast for the amendment(s) was/were sufficient for approval THE SHAREHOLDERS (voting group) 02/08/2024 Dated Signature (By a director, president or other officer - if directors or officers have not been selected, by an incorporator if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary) SHELLY N. NEALY (Typed or printed name of person signing) PRESIDENT/CEO/CHAIRPERSON

(Title of person signing)

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: NEAL TREMODELING & GENERAL CONTROCTION, INC.				
DOCUMENT NUMBER: P23000013881				
The enclosed Articles of	f Amendment and fee are si	ubmitted for filing.		
Please return all corresp	ondence concerning this ma	atter to the following:		
	CLI	FTON H. RODRIQUEZ, (CPA	
_	<u> </u>	Name of Contact Person	 -	
	CLIFT	TON H. RODRIQUEZ, CI		
_		Firm/ Company		
		3146 NW 68th STREET		
_		Address		
_	FORT L	AUDERDALE, FLORIDA	A 33309-1206	
		City/ State and Zip Co-	de	
		crodzzz13@gmail.com		
_	E-mail address: (to be us	sed for future annual repor	t notification)	
For further information	concerning this matter, plea	se call:		
SHE	LLY NEALY	at (954)	305-1878	
Name of	Contact Person		ode & Daytime Telephone Number	
Enclosed is a check for	the following amount made	payable to the Florida Dep	partment 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)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amen Divisi The C	Address dment Section on of Corporations Centre of Tallahassee N. Monroe Street, Suite 810	

Tallahassee, FL 32303