Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000008342 3)))



To: Division of Corporations Fax Number : (850)617-6380 From: Account Name : COMPUTERSHARE Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442 Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.** Email Address: COR AMND/RESTATE/CORRECT OR O/D RESIGN GIORDANO BUILDERS INC.		Doing so will generate another cove	r sheet.	gal gallagang dag ing kupikay ing dadad kilika dalah j	-Ω-	ZOZ4 JAN
From: Account Name : COMPUTERSHARE Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442 Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.** Email Address: COR AMND/RESTATE/CORRECT OR O/D RESIGN	To:					Ä
From: Account Name : COMPUTERSHARE Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442 Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.** Email Address: COR AMND/RESTATE/CORRECT OR O/D RESIGN					: . : . : ; : : ;	8
Account Name : COMPUTERSHARE Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442 Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.** Email Address: COR AMND/RESTATE/CORRECT OR O/D RESIGN					., 11	<u>></u> >-
Account Number: 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442 Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.** Email Address: COR AMND/RESTATE/CORRECT OR O/D RESIGN	From:	Account Name : COMPUTERSHARE			- (/)	
Fax Number : (561)214-8442 Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.** Email Address: COR AMND/RESTATE/CORRECT OR O/D RESIGN						2
annual report mailings. Enter only one email address please.** Email Address: COR AMND/RESTATE/CORRECT OR O/D RESIGN						w
		email address for this business enti				2
	ennual Email #	email address for this business enti report mailings. Enter only one email address: OR AMND/RESTATE/CORRECT ()	i address	please.*		·
Certified Copy 0	ennual Email #	email address for this business entireport mailings. Enter only one email address: OR AMND/RESTATE/CORRECT OF GIORDANO BUILDERS I	i address R O/D RES	please.*		2
Page Count 05	ennual Email #	email address for this business entireport mailings. Enter only one email address: OR AMND/RESTATE/CORRECT OF GIORDANO BUILDERS If Certificate of Status Certified Copy	R O/D RES	please.*		·

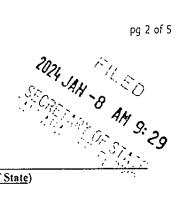
JM 8 %

Electronic Filing Menu

Corporate Filing Menu

Help

Articles of Amendment Articles of Incorporation of



Giordano Buil	Alma Tal
	y filed with the Florida Dept. of State)
P2300004915	
	f Corporation (if known)
·	,
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
Steve Giordano Builders Inc.	The new
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	I professional corporation name must contain the word
B. 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 MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address	ress in Florida, enter the name of the
Name of New Registered Agent	
(Florida st	reet address)
New Registered Office Address:	. Florida
New Registered Office Address.	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar	i: with and accept the obligations of the position.
Signature of New I	Registered Agent, if changing
Charles and Sandian bla	
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 Doc 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 us a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add

Example: XChange	<u>PT</u>	John Do	<u>e</u>	
X Remove	<u>v</u>	Mike Jo	nes	
_X Add	<u>sv</u>	Sally \$n	n <u>ith</u>	
Type of Action (Check One)	Title		Name	<u>Addres</u> s
1) Change		_		
Add				
Remove				
2) Change				
Add				
Remove 3) Change		<u></u>		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change				
, Add				
Remove				
6) Change				
Add				
Remove				

famending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
<u> </u>	
<u> </u>	
<u> </u>	
f amandmant provider for an evol	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
<u></u>	
<u> </u>	

The date of each amendment(s) ad	option:	, if other than the
date this document was signed.		
Effective date if applicable:	(no more than 90 days after a	
	(no more than 90 days after a	mendment file date)
Note: If the date inserted in this bl document's effective date on the De		filing requirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were ado action was not required.	oted by the incorporators, or board of direc	tors without shareholder action and shareholder
The amendment(s) was/were ado by the shareholders was/were su	oted by the shareholders. The number of vificient for approval.	otes cast for the amendment(s)
	oved by the shareholders through voting geach voting group entitled to vote separate	
"The number of votes cast	or the amendment(s) was/were sufficient f	or approval
by		
	(voting group)	
Dated 142	024	
Signature Mb	K Gradus	
(By a di	ector, president or other officer - if directo	ors or officers have not been
	, by an incorporator – if in the hands of a r ed fiduciary by that fiduciary)	eceiver, trustee, or other court
	Mark Giordano	
	(Typed or printed name of person	on signing)
	President	
	(Title of person signing)	