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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Israel Construction	ı of FL Corp			
DOCUMENT NUM	BER: P23000051470				
	s of Amendment and fee are su	bmitted for filing.			
Please return all corre	espondence concerning this ma	tter to the following:			
	Fernando J Morales				
	Name of Contact Person				
	Firm/ Company				
	239 SW 22nd CT				
	Address				
	Cape Coral,FL.33991.				
		City/ State and Zip Code	e		
	yonidalrosy@yahoo.com				
	E-mail address: (to be us	sed for future annual report	notification)		
For further informati	on concerning this matter, plea	se call:			
Israel Santos Garcia		239 at (333-9450		
Name	of Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check t	or the following amount made	payable to the Florida Depa	artment of State:		
S35 Filing Fee	S43.75 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 Divisio The Co 2415 Y	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, F1, 32303		

Articles of Amendment to Articles of Incorporation of

Israel Constructions of FL Corp				
(Name o	of Corporation as currently	filed with the Florida?	Dept. of State)	
P23000051470		•	Dept. of State) 21 00 i 30 Kii 8: 44	
	(Document Number of	Corporation (if known)		
	(150cument Number of	Corporation (it known)	in the second state of	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this F	lorida Profit Corporatio	m adopts the following amendm	nent(s) to
A. If amending name, enter the new na	ame of the corporation:			
			The ne	nv
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered." "professional association,"	lorp," "Inc," or "Co". A			
B. Enter new principal office address,	if applicable:			
(Principal office address MUST BE A S				
		·		-
C. Enter new mailing address, if apple (Mailing address MAY BE A POST)				
(mailing dualess MAT DE ATOST)	DITICE BOX			
				-
				
D. If amending the registered agent an		ess in Florida, enter the	name of the	
new registered agent and/or the new	w registered office address:			
Name of New Registered Agent	Israel Santos Garcia			
		•		
	tFlorida stre	et address)		
New Registered Office Address:			, Florida	
	-	City)	(Zip Code)	
New Registered Agent's Signature, if c	hanging Registered Agent:			
I hereby accept the appointment as regist	ered agent. I am familiar w	ith and accept the oblige	ttions of the position.	
	MA			
	Signature of Nove Ro	gistered Agent, if chang	ine	
	ingiliative of then Re	Linerea rigent, if enang	"	

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)

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 Doe <u>V</u> X Remove Mike Jones <u>X</u> Add SV Sally Smith Type of Action <u>Title</u> Name Address (Check One) 239 SW 22nd CT Fernando J Morales 1) ____ Change Cape Coral, FL, 33991 ___ Add Remove 239 SW 22nd CT Israel Santos Garcia 2) ____ Change Cape coral, FL, 33991 _ Add ___ Remove 3) ____ Change __ Add ___ Remove 4) ____ Change ___ Add _ Remove 5) ____ Change ___ Add _ Remove 6) ___ Change __ Add ___ Remove

amending or adding additional Arti ttach additional sheets, if necessary).	(Be specific)	-		
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an amandment provider for an arel	anna realestification o	m aanaallatian afice	und charge	
an amendment provides for an exclusions for implementing the ame	ndment if not contained	in the amendment	itealf:	
(if not applicable, indicate N/A)	noment ii not contained	in the amenoment	itticiii.	
(9,				

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	adoption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing requirements, the Department of State's records.	is date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were action was not required.	dopted by the incorporators, or board of directors without shareholder	action and shareholder
☐ The amendment(s) was/were ac by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendn sufficient for approval.	nent(s)
	oproved by the shareholders through voting groups. The following start each voting group entitled to vote separately on the amendment(s):	itement
"The number of votes cas	st for the amendment(s) was/were sufficient for approval	
by	"	
, -	(voting group)	
10/21/202 Dated	24	
Signature	director, president or other officer – if directors or officers have not b	
select	ed, by an incorporator – if in the hands of a receiver, trustee, or other need fiduciary by that fiduciary)	
	Fernando J Morales	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	