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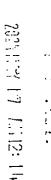
(Requestor's Name)
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(Business Entity Name)
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	DRATION: BEAR-IT CONST	RUCTION INC.				
DOCUMENT NUM	IBER: P23000083568					
	s of Amendment and fee are su	ibmitted for filing.				
Please return all corr	espondence concerning this ma	atter to the following:				
	CODY BARRETT					
		Name of Contact Person	n			
	BEAR-IT CONSTRUCTION INC.					
		Firm/ Company				
	110 SE FALLON DR					
		Address				
	PORT SAINT LUCIE, FL 34	1983				
		City/ State and Zip Code	ę			
	cbarrett91498@yahoo.com					
	E-mail address: (to be us	sed for future annual report	notification)			
For further informati	on concerning this matter, pleas	se call:				
CODY BARRETT		at (772	307-3916			
Name	of Contact Person		de & Daytime Telephone Number			
Enclosed is a check (or the following amount made	payable to the Florida Depa	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)			
An Di P.C	niling Address nendment Section vision of Corporations D. Box 6327 Ilahassee, FL 32314	Amend Divisio The Co 2415 N	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 ussee, FL 32303			

Articles of Amendment Articles of Incorporation

	Articles of Incorporation of	1.ED 7-A11/2: 14 -
BEAR-IT CONSTRUCTION INC.	2024 (11)	
(Name of Cor	poration as currently filed with the Florida Dept. of State)	+ Ali 12: 11. 2
P23000083568		14
(Document Number of Corporation (if known)	-
Pursuant to the provisions of section 607.1006, its Articles of Incorporation:	Florida Statutes, this Florida Profit Corporation adopts the follo	owing amendment(s) to
A. If amending name, enter the new name of	the corporation:	
		The new
name must be distinguishable and contain the we "Inc.," or Co.," or the designation "Corp," "chartered," "professional association," or the B. Enter new principal office address, if appl		viation "Corp.," Intain the word
(Principal office address MUST BE A STREE		
		
		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)		
D. If amending the registered agent and/or renew registered agent and/or the new regis	egistered office address in Florida, enter the name of the stered office address:	
Name of New Registered Agent		
		
	(Florida street address)	
New Registered Office Address:	Florida	
	(City)	Zip Code)
New Registered Agent's Signature, if changin I hereby accept the appointment as registered at	ng Registered Agent: gent. I am familiar with and accept the obligations of the positi	ion.
	Signature of New Registered Agent, 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)

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>	<u>John De</u>	ů <u>c</u>	
X Remove	<u>V</u>	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally Si	<u>mith</u>	
Type of Action (Check One)	Title		Name	<u>Addres</u> s
1) Change	T	_	BRIANNA LAURIA	110 SE FALLON DR
X Add				PORT ST. LUCIE, FL 34983
Remove				
2) Change				
Add				
Remove 3) Change		<u> </u>		
Add				
Remove				
4) Change				
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change				
Add				
Remove				

(Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
•	• •
······	
	
i an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
provisions for implementing the emp	
provisions for implementing the ame	ndment if not contained in the amendment itself:
provisions for implementing the ame (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
provisions for implementing the ame	ndment if not contained in the amendment itself:
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•

	04/26/2024	
The date of each amendment(s) and this document was signed.	ıdoption:	, 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 document's effective date on the E	block does not meet the applicable statutory filing requirements, this dat department of State's records.	te will not be listed as th
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were ac action was not required.	lopted by the incorporators, or board of directors without shareholder actic	on and shareholder
☐ The amendment(s) was/were ac by the shareholders was/were s	lopted by the shareholders. The number of votes cast for the amendment(sufficient for approval.	;)
must be separately provided fo	proved by the shareholders through voting groups. The following statemer each voting group entitled to vote separately on the amendment(s):	rnt
	t for the amendment(s) was/were sufficient for approval	
by SHAREHOLDERS		
	(voting group)	
04/26/202 Dated	4	
Signature 📿	612	
· (By a select	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other countried fiduciary by that fiduciary)	t
	CODY BARRETT	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	