Electronic Filing Cover Sheet

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(((H24000127848 3)))



H240001278483ABC3

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : TIER ONE LICENSES LLC

Account Number : I20230000120 Phone : (321)989-7356 Fax Number : (321)341-8522

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: CSPRAY@CCSARCHENTER.COM

COR AMND/RESTATE/CORRECT OR O/D RESIGN CYNTHIA SPRAY CONSTRUCTION INC.

Certificate of Status	0
Certified Copy	0
Page Count	07
Estimated Charge	\$35.00

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COVER LETTER

Division of Corporations				
NAME OF CORPORATION:	CYNTHIA SPRA	Y CONSTRU	CTION INC.	
	000023291			
The enclosed Articles of Amenda	nent and fee are su	ibmitted for fil	ing.	
Please return all correspondence	concerning this ma	itter to the foll	owing:	
CYNTHIA	A SPRAY			
		Name of C	ontact Person	<u> </u>
CYNTHIA	SPRAY CONSTRU	UCTION INC.		
		Firm/	Company	
2385 NW	EXECUTIVE CE	NTER DRIVE	SUITE 100	
		Ad	dress	<u> </u>
BOCA RA	TON FL 33431			
		City/ State	and Zip Code	•
CSPRAY	@CCSARCHENT	ER.COM		
E-mai	l address: (to be us	ed for future a	nnual report	notification)
For further information concerning	g this matter, pleas	se call:		
LAURYN CHARLES, ACCOUN	TING FSG	ж (954	933-1558
Name of Contact F	erson	u. (Area Coo	le & Daytime Telephone Number
Enclosed is a check for the follow	ing amount made	payable to the	Florida Depa	riment of State:
	75 Filing Fee & ficate of Status	Certified (Additional enclosed)	Сору	☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Addres Amendment Sec Division of Corp P.O. Box 6327 Tallahassee, FL	tion porations		Divisior The Ce 2415 N	Address not Section not Corporations ntre of Tallahassee . Monroe Street, Suite 810 ssee, FL 32303

(((H24000127848 3)))

Articles of Amendment to Articles of Incorporation

From: +13213418522 (Lisa Adams)

	NC.		F 62+ - + - >	
(Name o	of Corporation as current	ly filed with the Florida Dept. o	<u>i State</u>)	
24000023291				
	(Document Number of	of Corporation (if known)		
ursuant to the provisions of section 607. s Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Corporation adop	us the foll	owing amendment(s
. If amending name, enter the new na	ame of the corporation:			
NOT APPLICABLE				The new
ame must be distinguishable and contain Inc.," or Co." or the designation "C chartered." "professional association,"	Corp." "Inc." or "Co".	A professional corporation nam	the abbre te must c	viation "Corp" ontain the word
s. Enter new principal office address,	if annlicable:	NOT APPLICABLE		
enter new principal office address MUST BE A S	TREET ADDRESS)			
				- S
				-C
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		NOT APPLICABLE		APR -8
			<u> </u>	_ ^ 유 든
				-isi
				<u> </u>
). If amending the registered agent an			of the	1671 o
new registered agent and/or the per		<u>s:</u>		
Name of New Registered Agent	NOT APPLICABLE			
	(Florida st	reet adaress)		
Viv. Darisana I Office Addison	(Florida st	·	114_	
New Registered Office Address:		·	lorida	(Ziv Code)

Example:

3

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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 officeridirector title by the first letter of the office title:

P = President: $\hat{V} = Vice President$: 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 Doe</u>		
X Remove	Y	Mike Jones		
<u>X</u> Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	Title	<u>Nam</u>	<u>oc</u>	Address
1) Change	S	NA ⁻	THAN ALLEN GATES	15872 Orchard Drive
X Add				Westlake, FL 33470
Remove				
2) Change				
Add				
Remove. 3)Change		<u></u>		
Add			-	
Remove				
4) Change		· <u></u>		
Add				
Remove				
5) Change				
Add				
Remove				
δ) Change			_	
Add				
Remove				

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ach additional	iding additional A sheets, if necessary). (Be specific)				
						
	<u></u>					
			<u> </u>			
						
				-		
						
nn amendmen	provides for an emplementing the a	xchange, reclassi	fication, or cance	llation of issued	shares,	
if not applic)	able indicate N/A)	<u>menament it nor</u>	contained in the	<u>xinenument iise</u>	<u>II:</u>	
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		 -				
				· · · · · · · · · · · · · · · · · · ·		

	4-5-2024	, if other than the
The date of each amendr date this decument was sig		
Effective date <u>if applicat</u>	ole:	
	(no more than 90 days after amendment file date)	
	f in this block does not meet the applicable statutory filing requirements, thi on the Department of State's records.	s date will not be listed as the
Adoption of Amendment	t(s) (<u>CHECK ONE</u>)	
☐ The amendment(s) was action was not required	s/were adopted by the incorporators, or board of directors without shareholder I.	action and shareholder
	were adopted by the shareholders. The number of votes cast for the amendmental swere sufficient for approval.	eni(s)
	where approved by the shareholders through voting groups. The following standard for each voting group entitled to vote separately on the amendment(s):	!ement
"The number of v	votes cast for the amendment(s) was/were sufficient for approval	
by	· ·	
,	(voling group)	
Dated	4-5-2024.	
Signatur	.Cla	
0.5	(By a director, president or other officer – if directors or officers have not be selected, by an incorporator – if in the hands of a receiver, trustee, or other cappointed fiduciary by that fiduciary)	en ourt
	CYNTHIA SPRAY	
	(Typed or printed name of person signing)	
	P	
	(Title of person signing)	