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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Beerus Construction	on Inc.				
DOCUMENT NUM	ከጎ ለስለስስ ለፀስስስ					
The enclosed Articles	of Amendment and fee are su	bmitted for filing.				
Please return all corre	spondence concerning this ma	tter to the following:				
	Senaida Montiel					
		Name of Contact Persor	1			
	Beerus Construction, Inc.					
	Firm/ Company					
	824 Burntleaf LN					
	Address					
	Tallahassee, Florida 32310					
		City/ State and Zip Cod-	e			
	beerusconstruction@gmail.co	om				
	E-mail address: (to be us	sed for future annual report	notification)			
For further informatic	on concerning this matter, plea	se call:				
Senaida Montiel		at (529-7368			
Name of Contact Person		Area Code & Daytime Telephone Number				
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:			
S35 Filing Fee	□S43.75 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)			
Am Div P.O	endment Section ision of Corporations b. Box 6327 lahassee, FL 32314	Ameno Divisio The C 2415 i	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303			

Articles of Amendment Articles of Incorporation of

	ruction Inc.
P24000048009	ntly filed with the Florida Dept. of State)
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, thi its Articles of Incorporation:	is Florida Profit Corporation adopts the following amendment(s) t
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp.," "Inc," or "Co". "chartered," "professional association," or the abbreviation "P.A	A professional corporation name must contain the word
B. Enter new principal office address, if applicable:	<u> </u>
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	
	
C. Enter new mailing address, if applicable:	5
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	
N. If any the standard of the	
D. If amending the registered agent and/or registered office ad- new registered agent and/or the new registered office addre	
Name of New Registered Agent	
Name of Hew Registered Agent	
(Florida :	street address)
New Registered Office Address:	. Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familia.	
	, , , , , , , , , , , , , , , , , , , ,
×	Description of the second of t
Signature of New	Registered Agent, if changing

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), 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.

Mike Jones, v as Kemove Example:	z, and Sat	iv Smun,	SV as an Aaa.			
X Change	<u>PT</u>	John D	<u>(ie</u>			
X Remove	$\underline{\mathbf{V}}$	Mike Jo	<u>ones</u>			
X Add	<u>SV</u>	Sally S	<u>mith</u>			
Type of Action (Check One)	<u>Title</u>		<u>Name</u>			Address
1)Change	S		Zeida	Elem	Montiel	824 Burntleaf LN Tallahassee, Fr. 32310
<u></u> ✓ Add					_	allahassee, Fr. 32310
Remove						
2) Change	··· ·· · · · · · · · · · · · · · · · ·					
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4) Change						
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	dding additional Ar sheets, if necessary)	. (Be specific)			
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f an amendmen	t provides for an ex-	change reclassific	cation or cancells	ntian of issued sha	FAS
T an amendinen	nplementing the an	nendment if not co	ontained in the ar	nendment itself:	103
provisions for it	rable, indicate N/A)				
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The date of each amendment(s) ad	option:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file da	ite)
Note: If the date inserted in this bl document's effective date on the Dep	ock does not meet the applicable statutory filing requirement of State's records.	ents, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were ado action was not required.	nted by the incorporators, or board of directors without shar	cholder action and shareholder
☐ The amendment(s) was/were ado by the shareholders was/were su	oted by the shareholders. The number of votes cast for the afficient for approval.	amendment(s)
	roved by the shareholders through voting groups. The followach voting group entitled to vote separately on the amenda	
"The number of votes cast i	or the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
DatedSignature	raida Mat	
selected	ector, president or other officer – if directors or officers have, by an incorporator – if in the hands of a receiver, trustee, of	ve not been or other court
appoint	ed fiduciary by that fiduciary)	
-	(Typed or printed name of person signing)	
	(1 yped or printed name of person signing)	
	Officer	
	(Title of person signing)	

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