P930000 86940

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COVER LETTER

TO: Amendment Section Division of Corporations				
NAME OF CORPORATION: PC5 C	ivil Inc			
DOCUMENT NUMBER: <u>P9300086940</u>				
The enclosed Articles of Amendment and fee are su	bmitted for filing.			
Please return all correspondence concerning this ma	atter to the following:			
Svz	Name of Contact Person			
	ul Fac			
	Firm/ Company			
10920 AS	shalt Au			
_	Address			
- Tempa,	FL 33(c14) City/ State and Zip Code			
,	City/ State and Zip Code			
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Suzi Hansen	at (813) 8(8-7719 Area Code & Daytime Telephone Number			
Name of Contact Person	Area Code & Daytime Telephone Number			
Enclosed is a check for the following amount made payable to the Florida Department of State:				
\$35 Filing Fee	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy (Additional copy is enclosed) □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)			
Mailing Address	Street Address			
Amendment Section	Amendment Section			
Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee			
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

Articles of Amendment

to

Articles of Incorporation

EH EN

	of	
(MSCTV	TITITI	nana act 10 DV c.10
(Name of Corpora	ation as currently filed with the Flor	rida Dept. of State)
- PGZ	99908H9HD	SECRETARY OF STATE
(Doc	ument Number of Corporation (if kno	own) ALL/AHASCEE/FE
rsuant to the provisions of section 607.1006, Flor Articles of Incorporation:	ida Statutes, this <i>Florida Profit Corpo</i>	oration adopts the following amendment(s)
. If amending name, enter the new name of the	corporation:	
		The new
ume must he distinguishable and contain the word ' Inc.," or Co.," or the designation "Corp," "In chartered," "professional association," or the abb . Enter new principal office address, if applical	c," or "Co". A professional corporeviation "P.A."	
Principal office address <u>MUST BE A STREET AI</u>	DDRESS)	
. Enter new mailing address, if applicable: (Mailing address MAYBE A POST OFFICE E	<u>30x</u>)	
. If amending the registered agent and/or regis new registered agent and/or the new registered		er the name of the
Name of New Registered Agent		
***************************************	(Florida street address)	
New Registered Office Address:		. Florida
	(Ciry)	(Zip Code)
ew Registered Agent's Signature, if changing R	egistered Agent:	
hereby accept the appointment as registered agent	. I am familiar with and accept the o	bligations of the position.
	`	
	(Al D	
Sig	gnature of New Registered Agent, if ch	nanging

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 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.

Example: X Change	PT John Do	<u>c</u>	
X Remove	V Mike Jos	nes	
X Add	SV Sally Sn	n <u>ith</u>	
Type of Action (Check One)	Title	Name	Address
1) Change	C+0/T	TerryBladick	421 Tennessee Av
Add	•		Crystal Beach
_X Remove			FL 34681
2) Change	SVBD \	JM Brett Kermale	141 Burns Rd
Add			Terra Cera
Remove Change			FL 34250
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	if necessary). (Be specific)
<u></u>	
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<u>-</u>	
If an amendment provid	des for an exchange, reclassification, or cancellation of issued shares,
provisions for impleme	enting the amendment if not contained in the amendment itself:
(if not applicable, in	idicale N/A)

•

The date of each amendment(s) adoption	i:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :	(no more than 90 days after amendm	
	(no more than 90 days after amendm	ent file date)
Note: If the date inserted in this block do document's effective date on the Departme		requirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted by action was not required.	y the incorporators, or board of directors wit	thout shareholder action and shareholder
☐ The amendment(s) was/were adopted by by the shareholders was/were sufficient	y the shareholders. The number of votes cast for approval.	st for the amendment(s)
	by the shareholders through voting groups. oting group entitled to vote separately on th	
"The number of votes cast for the	amendment(s) was/were sufficient for appro	oval
by		,"
	(voting group)	
selected, by an	president or other officer – if directors or of incorporator – if in the hands of a receiver, ciary by that fiduciary)	fficers have not been , trustee, or other court
	Typed or printed name of person signi	ng)
	(Title of person signing)	