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11/12/13--01046--003 *#35.00



DEC 1 0 2019 C MCNAIR



COVER LETTER

TO: Amendment Section **Division of Corporations**

NAME OF CORPORATION: _	BLAKE	+ COMPANY	CAAS Port.
DOCUMENT NUMBER:	_	20090397	/

The enclosed Articles of Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

For further information concerning this matter, please call:

CHARCES BLAKE at (213) 732-0363 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:



□\$43.75 Filing Fee & Certificate of Status

□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)

□S52.50 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

Street Address Amondment Section **Division of Corporations** Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

I 0EC-09-2019(MON) 14:26 E	ILAKE & COMPANY	(FAX)8139329763	P.003/006
•	Articles of Amen to	dmeut .	19 CC - OF CONTRACT OF CONTRACT.
	Articles of Incorp	oration	
	οľ		A CHAN
	BLAKE + COMPA	NT. C.P.A.S. P.A.	H . M.
(Nan	ne of Corporation as currently file	117, C. P. A. S. P.A. ed with the Florida Dept. of State)	
	0 960000 90 797 (Document Number of Cor		•
	(Document Number of Co	poration (II known)	
Pursuant to the provisions of section 6 its Articles of Incorporation:	07.1006, Florida Statutes, this Flor	idu Profit Corporation adopts the follow	ng amendment(s) to
A. If amending name, enter the new	name of the corporation:		
BLAKE + N	ODAE /DAL.D.	А.	The new
name must be distinguishable and	contain the word "corporation,"	A , "compuny," or "incorporated" or the	abbreviation
"Corp.," "Inc.," ar Co ," or the des word "chartered," "professional asso	signation "Corp," "Inc," or "Co".	A professional corporation name must set the set of	t contain the
B. Enter new principal office addre	ss, if applicable:	NA	
(Principal office address MUST KE			
		···································	
	_		
C. Enterinew mailing address, if a (Mailing address <u>MAY BE A PO</u> .			
(maning address <u>man bit were</u> .	<u></u>		
		/	
	-		
D. <u>If amonding the registered agent</u> new registered agent and/or the		in Florida, enter the name of the	
Name of New Registered Age	2011	/	_
			_
	(Florida street a	dáress)	
New Registered Office Addre	.v.c.	, Florida	
Men Mr Cale ICA Const Andre	(Ciŋ	· · · · · · · · · · · · · · · · · · ·	Cude)
		(
New Registered Agent's Signature,	if changing Registered Agent: oustered acent - Lam familiar with	and accept the obligations of the position	
Thereby decement appointment of a	North Constraint of Constraints of Constraints		
]	
	Signature of New Regis	tered Agent, if changing	_

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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 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:

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<u>X</u> Change	PT John Doe	NA	
\underline{X} Remove	V Mike Jones		
<u>X</u> Add	SV Sally Smith	$\overline{)}$	
<u>Type of Action</u> (Check One)	<u>Title Name</u>	<u>c</u>	<u>Addres</u> s
1) Change			
Add			<u></u>
Remove			·····
2) Change			
Add			
Remove		/	
3) Change	~	/	<u></u>
Add			
Remove			
4) Change			
Add			
Remove			
5) Change	<u></u>		
Add			
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ර) Change			
Add		J	
Remove			. <u></u>



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nending or adding additional Art ch ^l additional sheets, if necessary).	(Be specific)	<u></u>	
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n amendment provides for an exc	hange, reclassificat	ion, or cancellation of issued sh	ures,
visions for implementing the amo (if not opplicable, indicate N/A)	endment il not cont	ainea m the amenoinent itseu:	
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The date of each an	nendment(s) adoption:, if other than
date this document w	
Effective date if an	nlicable: <u>11-01-2019</u> (no more than 90 days ofter amendment file date)
	(no more than 90 days after amendment file date)
	serted in this block does not meet the applicable statutory filing requirements, this date will not be listed as date on the Department of State's records.
Adoption of Amend	Iment(s) (CHECK ONE)
The amendment(by the sharehold	s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) ers was/were sufficient for approval.
	s) was/were approved by the shareholders through voting groups. The following statement ely provided for each voting group entitled to vote separately on the amendment(s):
"The numb	er of votes cast for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
The amendment(action was not re	s) was/were adopted by the board of directors without shareholder action and shareholder quired.
The amendment(action was not re	 s) was/were adopted by the incorporators without shareholder action and shareholder quired.
ם	ated 11/32/19
si	gnature
	(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
	(Typed or printed name of person signing)
1	(ryped of printed name of person signing)
	PRESIDENT
	(Title of person signing)
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