## 19700009006/

| (Requestor's Name)                      |
|---|
|   |
| (Address)                               |
|   |
| (Address)                               |
| (100.000)                               |
|   |
| (City/State/Zip/Phone #)                |
| PłCK-UP WAIT MAIL                       |
|   |
| (Business Entity Name)                  |
|   |
| (Document Number)                       |
| (Boodine in Nambor)                     |
|   |
| Certified Copies Certificates of Status |
|   |
| Special Instructions to Filing Officer: |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |

Office Use Only



04/16/24--01037--017 \*\*43.75

alvisit.

C4/16/2/

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

| NAME OF CORPO          | RATION: Sexton Engineerin   | g Associates, Inc.   |  | <u>  </u>    |  |
|------------------------|---|--|--|--------------|--|
| DOCUMENT NUM           | P97000090061  |  |  |              |  |
| The enclosed Article   | s of Amendment and fee are su   | bmitted for filing.  |  |              |  |
| Please return all corr | espondence concerning this ma   | tter to the following:   |  |              |  |
|                        | Michael F. Sexton   |  |  |              |  |
|                        |   | Name of Contact Person   | າ  | <del> </del> |  |
|                        | Sexton Engineering Associates, Inc.   |  |  |              |  |
|                        |   | Firm/ Company  |  | <del>ľ</del> |  |
|                        | 110 Ponce de Leon Street.   |  |  |              |  |
|                        | Address   |  |  |              |  |
|                        | West Palm Beach, Florida 3.   | 3411   |  |              |  |
|                        | City/ State and Zip Code  |  |  |              |  |
|                        | msexton@sextonengineering   | .com   |  |              |  |
|                        | E-mail address: (to be us   | sed for future annual report                                       | notification)  |              |  |
| For further informati  | on concerning this matter, pleas  | se call:   |  | FLE          |  |
| Michael F. Sexton      |   | at (   | 792-3122   |              |  |
| Name                   | of Contact Person   |  | de & Daytime Telephone   | Number       |  |
| Enclosed is a check t  | or the following amount made  | payable to the Florida Dep.  | artment of State;  |              |  |
| □ \$35 Filing Fee      | ■\$43.75 Filing Fee & Certificate of Status   | □\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | □\$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy<br>is enclosed)                   |              |  |
| An<br>Div<br>P.C       | niling Address nendment Section vision of Corporations D. Box 6327 lahassee, FL 32314 | Ameno<br>Divisio<br>The C<br>2415 i                                | Address<br>Iment Section<br>on of Corporations<br>entre of Tallahassee<br>N. Monroe Street, Suite<br>assee, FL 32303 | 810          |  |

## Articles of Amendment to Articles of Incorporation of

to

Sexton Engineering Associates, Inc.

| ( <u>Name o</u>   | of Corporation as currently filed with the Florida Dept. of  | <u>[State)</u>                |
|---|--|-------------------------------|
| P97000090061  |  |                               |
|   | (Document Number of Corporation (if known)   | <del> </del>                  |
| D   | took III it is a second in the |                               |
| its Articles of Incorporation:  | 1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopt   | is the following amendment(s) |
| A. If amending name, enter the new na   | ame of the corporation:  | <b> </b>                      |
| N/A   |  | The new                       |
|   | the word "corporation," "company," or "incorporated" or t<br>forp," "Inc," or "Co". A professional corporation name<br>for the abbreviation "P.A."   | the abbreviation "Corp.,"     |
| B. Enter new principal office address,  | if applicable:   |                               |
| (Principal office address <u>MUST BE A STREET ADDRESS</u> )   |  | 45.5                          |
|   | <del></del>  |                               |
|   |  |                               |
| C. Enter new mailing address, if appli  | cable:   | 7:                            |
| (Mailing address MAY BE A POST (  |  |                               |
|   |  |                               |
|   |  | TA 0                          |
|   |  |                               |
|   | d/or registered office address in Florida, enter the name of   | of the                        |
| new registered agent and/or the new   |  |                               |
| Name of New Registered Agent  | N/A  |                               |
|   |  |                               |
|   | (Florida street address)   | <del>- ji</del>               |
| New Registered Office Address:  | Ft   | <br> orida                    |
|   | (City)   | (Zip Code)                    |
|   |  |                               |
|   |  |                               |
| New Registered Agent's Signature, if cl   | hanging Registered Agent:<br>ered agent. I am familiar with and accept the obligations of  | the <b>n</b> osition          |
| , in the second |  |                               |
|   |  | i i                           |
|   |  | <u> </u>                      |
|   | Signature of New Registered Agent, if changing   |                               |
| Check if applicable   |  |                               |
| $\blacksquare$ The amendment(s) is/are being filed pu   | ursuant to s. 607,0120 (11) (e), F.S.  |                               |

| •   |  |   |   |
|---|--|---|---|
|   | er and/or l  | Director being added:   | each officer/director being removed and title, name, and  |
| Please note the officer<br>P = President; V= Vi<br>Executive Officer; CF<br>President, Treasurer,<br>Changes should be no<br>a change, Mike Jones | director til<br>ce Presiden<br>O = Chief F<br>Director wo<br>ted in the fa<br>leaves the e | tle by the first letter of the office title:<br>it; T= Treasurer; S= Secretary; D= Dire<br>'inancial Officer. If an officer/director ho<br>ould be PTD.<br>ollowing manner. Currently John Doe is t | ctor; TR= Trustee; C = Chairman or Clerk; CEO = Chief<br>lds more than one title, list the first letter of each office held.<br>listed as the PST and Mike Jones is listed as the V. There is<br>nd S. These should be noted as John Doe, PT as a Change, |
| Example:  |  |   |   |
| X Change  | PT   | John Doe  |   |
| X Remove  | $\underline{\mathbf{V}}$   | Mike Jones  |   |
| X Add   | <u>SV</u>  | Sally Smith   |   |
| Type of Action<br>(Check One)   | <u>Title</u>   | <u>Name</u>   | Address   |
| I) Change   | VP   | Luis A. Gaztambide-Velez  | 1643 E. Classical Boulevard   |
| X Add   |  |   | Delray Beach, Fl 33445  |
| Remove  |  |   |   |
| 2) Change   |  | _   |   |
| Add   |  |   |   |
| Remove 3 ) Change   |  | _   |   |
| Add   |  |   |   |
| Remove  |  |   |   |
| 4) Change   |  |   | PE 00   |
| Add   |  |   |   |
| Remove  |  |   |   |
| 5) Change   |  |   |   |
| Add   |  |   |   |
| Remove  |  |   |   |
| 5) Change   |  |   |   |
| Add   |  |   |   |
| Remove  |  |   |   |
|   |  |   |   |

| E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific) |  |
|---|--|
| N/A   | -  |
|   | <u> </u>   |
|   |  |
|   |  |
|   |  |
|   | []   |
|   | - fi   |
|   | <u> </u>   |
|   | {}   |
|   |  |
|   | <del>                                     </del> |
|   |  |
|   |  |
|   |  |
|   |  |
|   | {}   |
|   |  |
|   |  |
|   |  |
|   |  |
|   | <u> </u>   |
|   | PHIZ: 00   |
|   | 100 F3   |
|   |  |
| . If an amendment provides for an exchange, reclassification, or cancellation of issued shares,                             |  |
| provisions for implementing the amendment if not contained in the amendment itself:   | l)   |
| (if not applicable, indicate N/A)   | <u> </u>   |
| N/A   | <u> </u>   |
|   |  |
|   | 11   |
|   | <u> </u>   |
|   |  |
|   | <del> </del>                                     |
|   | 11   |
|   |  |
|   | Ťį   |
|   | 11   |
|   | []   |
|   |  |
|   | []   |
|   | 11   |

| The date of each amendment(s) adoption:   | , if other than the           |
|---|-------------------------------|
| date this document was signed.  N/A   |                               |
| Effective date if applicable:   |                               |
| (no more than 90 days after amendment file date)  |                               |
| <b>Note:</b> If the date inserted in this block does not meet the applicable statutory filing requirements, this document's effective date on the Department of State's records.                        | ate will not be listed as the |
| Adoption of Amendment(s) ( <u>CHECK ONE</u> )   |                               |
| ■ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder ac action was not required.   | lion and shareholder          |
| ☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendmen by the shareholders was/were sufficient for approval.  | (s)                           |
| ☐ The amendment(s) was/were approved by the shareholders through voting groups. The following states must be separately provided for each voting group entitled to vote separately on the amendment(s): | <br> ent<br> <br>             |
| "The number of votes cast for the amendment(s) was/were sufficient for approval   |                               |
| by N/A  |                               |
| (voting group)  |                               |
| April 1, 2024 Dated Signature   | , <del>1</del>                |
| (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 co<br>appointed fiduciary by that fiduciary)  |                               |
|   |                               |
| Michael F. Sexton   |                               |
| (Typed or printed name of person signing)   | 2: (                          |
| President   | ATE 00                        |
| (Title of person signing)   | 1                             |