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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: TODD BROWN C	CONSTRUCTION, INC.	
DOCUMENT NUMB	ER:		
	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	Fammy Sanders		
-		Name of Contact Person)
	Todd Brown Construction, II	NC.	
-		Firm/ Company	
	314 NW 14th Street Apt#1		
-	.	Address	
	Gainesville Florida 32603		
-		City/ State and Zip Code	<u> </u>
	One to formal or		
Admir	@sanders-financial.com	sed for future annual report	notification)
	E-man address, (to be de	seu for future affitual report	nouncation)
For further information	concerning this matter, pleas	se call:	
Tammy Sanders		352	528-6615
	f Contact Person	at (352	de & Daytime Telephone Number
Name o	r Contact reison	Alea Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	rtment of State:
■ \$35 Filing Fee	□\$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)
Ame Divis P.O.	ing Address adment Section tion of Corporations Box 6327 hassee, FL 32314	Amend Divisio Clifton 2661 E	Address ment Section of Corporations Building xecutive Center Circle ussee, FL 32301

Articles of Amendment to Articles of Incorporation of

TODD BROWN CONSTRUCTION, INC.

(Name of Corporatio	on as currently filed with the Florida Dept. of State)
P97000104448	
(Docume	ent Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the cor	rporation:
	The same
	The new I "corporation," "company," or "incorporated" or the abbreviation ""Inc," or "Co". A professional corporation name must contain the abbreviation "P.A."
B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADD</u>	
	——————————————————————————————————————
C. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BON	
	——————————————————————————————————————
	<u> </u>
D. If amending the registered agent and/or registere	ed office address in Florida, enter the name of the
new registered agent and/or the new registered of	
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	, Florida
New Registered Office Address.	(City) (Zip Code)
New Registered Agent's Signature, if changing Regis	stered Agent: Tam familiar with and accept the obligations of the position.
. neces, weech the appointment as regimered agent. I	am jammar with and decept the contigutions of the position.
Siena	ture of New Registered Agent, if changing

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.

X Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	<u>v</u>	Trinity James Sanders	108 NE 6th Avenue
X Add			Williston Florida 32696
Remove			17
2) Change			
- ' Add			
Remove			
3) Change		_	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
0 (1)			
6) Change	-		
Add			
Remove			

(Attac	mending or adding additional Articles, enter change(s) here: ach additional sheets, if necessary). (Be specific)	
\$/A		
-		
-		
ll an	n amendment provides for an exchange, reclassification, or cancellation of issued shares, ovisions for implementing the amendment if not contained in the amendment itself:	
17.0	(if not applicable, indicate N/A)	
/A		
_		

The date of each amendment(s	06/26/2019	, if other than the
date this document was signed.	, adoption.	, if other than the
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in the document's effective date on the	s block does not meet the applicable statutory filing requirements, this date Department of State's records.	ate will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes east for the amendment(sufficient for approval.	s)
	approved by the shareholders through voting groups. The following stateme for each voting group entitled to vote separately on the amendment(s):	ent
	ast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareholde	er
☐ The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder	
. 06/26/20 Dated	019	
Signature	Toda Poom	
(By	a director, president or other officer – if directors or officers have not been cted, by an incorporator – if in the hands of a receiver, trustee, or other combinated fiduciary by that fiduciary)	
	Todd Brown	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	