P98000033620

(Re	questor's Name)	
(Ad	dress)	· <u> </u>
hA)	dress)	
1,10	0.000,	
(Cit	y/State/Zip/Phone	#)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Name	e)
(Do	cument Number)	
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Certified Copies	_ Certificates of	of Status
Special Instructions to	Filing Officer:	
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amend

08/20/21--01021--003 ++35.00



SEP 0 1 2021 A RAMSEY

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF COR	ORATION:		PMENT, INC.
DOCUMENT NU	MBER: P98000033620		
	les of Amendment and fee are su	bmitted for filing.	
Please return all co	orrespondence concerning this ma	tter to the following:	
	Lauren Burnette		
	· · - · - · - · - · - · - · - · - ·	Name of Contact Person	1
	Burnette Construction & Dev	elopment, Inc.	
		Firm/ Company	
	133 ELKINS RD		
		Address	
	MONTICELLLO FL 32344		
		City/ State and Zip Code	<u>. </u>
	Lauren@burnetteroofing.con	1	
		sed for future annual report	notification)
For further inform Lauren Burnette	ation concerning this matter, plea	se call:	510-6306
Na	ne of Contact Person		de & Daytime Telephone Number
Enclosed is a chec	k for the following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee	S43.75 Filing Fee & Certificate of Status	☐S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)

Articles of Amendment to Articles of Incorporation of

000	FILED
2021 AUG 20 PM 12 13	2021 AUG 20 PM 12 47

BURNETTE CONSTRUCTION & DEV	ELOPMENT, INC.		37 32	PM 12 47
(Name	of Corporation as currently	filed with the Florida Dept. of St	ate) 12 (4RY	F 5-
P98000033620			1.35E	rings.
	(Document Number of	Corporation (if known)		
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, this F	<i>lorida Profit Corporation</i> adopts t	he following ame	ndment(s) to
A. If amending name, enter the new n	ame of the corporation:			
				new
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association,"	lorp," "Inc," or "Co". A			
B. Enter new principal office address,	if applicable:	LAUREN BURNETTE		
(Principal office address MUST BE A STREET ADDRESS)		133 ELKINS RD		
		MONTICELLO FL 32344		_
C. Enter new mailing address, if apple (Mailing address MAY BE A POST)				
D. If amending the registered agent an new registered agent and/or the new		ess in Florida, enter the name of t	he	
Name of New Registered Agent	LAUREN BURNETTE			
	133 ELKINS RD			
	(Florida stree	et address)		
New Registered Office Address:	MONTICELLO	, Flori	32344 da	
	10	Ξίηγ	(Zip Code)	
New Registered Agent's Signature, if c I hereby accept the appointment as regist		th and accept the obligations of th	e position.	
	Lawer of Noise Brown	witte		

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)

Example:

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>P1</u>	John Doe	
X Remove	$\underline{\mathbf{V}}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	Р	JAMES CALEB BURNETTE	133 ELKINS RD
Add			MONTICELLO FL 32344
X Remove 2) Change	P	LAUREN BURNETTE	133 ELKINS RD
<u>X</u> Add			MONTICELLO FL 32344
Remove Change			
Add			
Remove 4) Change			
Add			
Remove 5) Change			
Add			
Remove			
6) Change			
Remove			

If amending or adding additional Article (Attach additional sheets, if necessary).	(Be specific)
•	
	
	
-	
	
	
. If an amendment provides for an exch	ange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	ndment it not contained in the amendment usen.
AUREN BURNETTE, PRESIDENT CHA	NGC TOO 1000/ OWNEDSHID
	

	8/18/2021	
date this document was signed.	Joption:	, if other than the
8/18/ Effective date <u>if applicable</u> :	/2021	
<u></u> -	(no more than 90 days after amen	dment file date)
Note: If the date inserted in this blocument's effective date on the De		ing requirements, 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.	opted by the incorporators, or board of directors	without shareholder action and shareholder
★ The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes fficient for approval.	east for the amendment(s)
	proved by the shareholders through voting group each voting group entitled to vote separately of	
	for the amendment(s) was/were sufficient for a	
by		"
,	(voting group)	
8/18/2021		
Dated		
17atcu		
Signature	The second of th	or of Feores have not been
Signature(By a di	rector, president or other officer – if directors of the	
Signature(By a di		
Signature (By a di selectec appoint	d, by an incorporator - if in the hands of a recei	
Signature (By a di selectec appoint	d, by an incorporator – if in the hands of a received fiduciary by that fiduciary)	ver. trustee, or other court
Signature(By a di selectec appoint	d, by an incorporator – if in the hands of a received fiduciary by that fiduciary) CALEB BURNETTE	ver. trustee, or other court