P99000049288

(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

TO: Amendment Section

Amendment Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

Division of Corpo	rations		
NAME OF CORPOR	ATION: <u>500</u> ER: <u>P9900</u>	TT'S QUI	ALITY CARPENTRY,
The enclosed Articles of	of Amendment and fee are su	ibmitted for filing.	
Please return all corres	pondence concerning this ma	itter to the following:	
-	SCOTT 11110 F BRADE LITETSI	INE LILLY Address	PLACE 1. 34202 1. ALL. COM
For further information	concerning this matter, pleas	se call:	
507 Name o	T SCH143 f Contact Person	30N at (941 Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
\$35 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)
Mail	ing Address	Street	Address

Amendment Section

Clifton Building

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment

to
Articles of Incorporation
of

SCOTT'S WUALITY CARPENT	KY, INC.
(Name of Corporation as currently filed with the Florida Dep	ot. of State)
P 990000 49288	
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> a its Articles of Incorporation:	dopts the following amendment(s) t
A. If amending name, enter the new name of the corporation:	
SRO GENERAL CONTRACTION name must be distinguishable and contain the word "corporation," "company," or "incorporation," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation,"	oratéd" or the abbreviation
word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	7
D. If amending the registered agent and/or registered office address in Florida, enter the na new registered agent and/or the new registered office address:	me of the
Name of New Registered Agent V/A	06. 06. 06. 06. 06. 06. 06. 06. 06. 06.
(Florida street address)	
New Registered Office Address:	, Florida
(City)	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligation	ns of the position.
Signature of New Registered Agent of changing	<u></u>

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	PT	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
I) Change		N/A	
Add		I	
Remove			
2) Change			
Add			
Remove			
3) Change		MA This could be seen a second of the second	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change	 ,		
Add			4904
Remove			where
6) Change			
Add			
Remove			
INCHIGING			

(Attacl	ding or adding additional Articles, enter change(s) here: additional sheets, if necessary). (Be specific)
	$\Lambda//A$
· · · · ·	
nrov	nendment provides for an exchange, reclassification, or cancellation of issued shares, ions for implementing the amendment if not contained in the amendment itself:
<u>provi</u> (not applicable, indicate N/A)
,	
	AI / A
	N/A
	/

	er than the
date this document was signed.	
Effective date <u>if applicable</u> :	_
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be lis document's effective date on the Department of State's records.	ted as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by" (voting group)	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated	
Signature Signature	
(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)	
Scott D. Schison	
(Typed or printed name of person signing)	
- President	_
(Title of person signing)	