## P99000072719

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## **COVER LETTER**

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: \_\_\_\_\_ DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: NANCY DOVELLE Name of Contact Person DOVELLE CONSTRUCTION INC Firm/ Company 10699 AVIATION BLVD Address MARATHON, FL 33050 City/ State and Zip Code NDOVELLE@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: FRANK DOVELLE 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: S35 Filing Fee ■\$43.75 Filing Fee & ☐\$43.75 Filing Fee & ■\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building

> 2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

## Articles of Amendment to Articles of Incorporation of

FILLÓ SECRETARY OF STATL DIVISION OF CORDUCALIONS

15 HAY 14 PM 3: 30

DOVELLE CONSTRUCTION INC	
	ently filed with the Florida Dept. of State)
P99000072719	
(Document Number	er of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, 6 ts Articles of Incorporation:	this Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporation:	<u>i</u>
	The new
name must be distinguishable and contain the word "corpore "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc." o word "chartered." "professional association," or the abbreviatio	or "Co". A professional corporation name must contain the
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)	
<ol> <li>If amending the registered agent and/or registered office a new registered agent and/or the new registered office addi-</li> </ol>	
Name of New Registered Agent	
	· · · · · · · · · · · · · · · · · · ·
t Florak	a street address)
New Registered Office Address:	Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Age thereby accept the appointment as registered agent. I am famili	ent: iar with and accept the obligations of the position.
C:	rw Registered Agent, if changing
Signature of Ne	w regisierea Agent, ij enanging

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 now the officer director title by the first letter of the office title;

 $P \sim President; V \sim Vice President; T \sim Treasurer; S \sim Secretary; D \sim Director; TR \sim Trustee; C \sim Chairman or Clerk; CEO \sim Chief Executive Officer; CFO \sim Chief Financial Officer. If an officer director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.$ 

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	
$\underline{X}$ Remove	<u>Y</u>	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
l) Change	V	NANCY DOVELLE	10699 AVIATION BLVD
X Add			MARATHON, FL 33050
Remove			
2) Change			_
Add			<del> </del>
Remove			
3 ) Change	****		
Add			
Remove			<del></del>
4) Change			
Add			
Remove			
51 Change			
Add			
Remove			
6) Change			
Add			
Remove			

	rticles, enter change(s) here: ) (Be specific)			
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f an amendment provides for an ev	alaman analaminan			
provisions for implementing the an	nendment if not contained in			
(if not applicable, indicate N A)				
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The date of each amendment(s) add	ption:			ercke Mali	Stherthan die
date this document was signed.				191 4 1 21	
Effective date if applicable:				15 MAY 14	PM 3:31
	(no more l	than 90 days after amend	ment file dater		
Note: If the date inserted in this blo document's effective date on the Dep			g requirements, tl	his date will not b	oe listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	)			
The amendment(s) was/were adop by the shareholders was/were suff	ted by the shareholders icient for approval.	6. The number of votes ca	ast for the amenda	nent(s)	
☐ The amendment(s) was/were appro- must be separately provided for e					
"The number of votes cast fo	or the amendment(s) wa	us/were sufficient for app	rovat		
by					
-	(voting group)				
☐ The amendment(s) was/were adoptaction was not required.	ed by the board of dire	ectors without shareholde	r action and share	holder	
☐ The amendment(s) was/were adoptaction was not required.	ed by the incorporator	s without shareholder act	ion and sharehold	er	
Dated5	-8.15				
		1124			-
Signature		1/10			
		r officer – if directors or fin the hands of a receive			
	I fiduciary by that fidu				
<u> </u>	RANK DOVELLE	FRANK	DOVE	ue	
	(Typed or pri	inted name of person sign	ing)		
ρ-	RESIDENT	PRESIDEN.	Τ		
	(	Title of person signing)			