## P99000092446

(Red	questor's Name)	
(Add	tress)	·
(Add	dress)	
(City	//State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nar	me)
(Doc	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	iling Officer:	
		j
		-

Office Use Only



900249467349

Omer

07/15/13--01014--007 \*\*35.00

FILED 2013 AUG - 1 PH 12: 45 SECKTIARY OF STATE TALLAHASSEE, FLORIDA

04135,04104,00544

X00789,00524,0067

## **COVER LETTER**

Division of Corporations NAME OF CORPORATION: JWN Construction, Inc. DOCUMENT NUMBER: P99000092446 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: James Newman Name of Contact Person JWN Construction, Inc. Firm/ Company 1701 SE Carvalho St Address Port St Lucie, FL 34983 City/ State and Zip Code iwnconstruction@bellsouth.net E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 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: ■ \$35 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** 

TO: Amendment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



## FLORIDA DEPARTMENT OF STATE Division of Corporations

July 17, 2013

James Newman JWN Construction, Inc. 1701 SE Carvalho St. Port St. Lucie, FL 34983

SUBJECT: JWN CONSTRUCTION, INC.

Ref. Number: P99000092446

We have received your document for JWN CONSTRUCTION, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The date of adoption of each amendment must be included in the document.

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

If the corporation is a **PROFIT** corporation it must be signed 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.

If the corporation is a **NOT FOR PROFIT** corporation it must be signed by the chairman or vice chairman of the board, president or other officer - if directors have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

The name and title of the person signing the document must be noted beneath or opposite the signature.

The last page (page 4) of the amendment form was left blank.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Annette Ramsey Regulatory Specialist II

Letter Number: 213A00017434

## **Articles of Amendment** to Articles of Incorporation of

FILED

IV	٧N	Con	stru	ction	. Inc.
JŦ	A 1 A		ou u	UUUI	I. IIIU.

2013 AUG - 1 PM 12: 45

(Name of Corporation as currently filed with the Florida Dept. of State)

P99000092446

SECRETARY OF STATE TALLAHASSEE, FLORIDA

endment(s) to

(Document Number	er of Corporation (if	known) %	•
Pursuant to the provisions of section 607.1006, Floits Articles of Incorporation:	orida Statutes, this I	Florida Profit Corporatio	n adopts the following amendment
A. If amending name, enter the new name of th	e corporation:		
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "Cword "chartered," "professional association," or	Corp," "Inc," or "C	Co". A professional corp	The new orporated" or the abbreviation poration name must contain the
B. Enter new principal office address, if applica	nhle:		
(Principal office address MUST BE A STREET A		······································	
		· · · · · · · · · · · · · · · · · · ·	
C. Enter new mailing address, if applicable:	· nav		
(Mailing address MAY BE A POST OFFICE	<u>BOX</u> )		
D. If amending the registered agent and/or reg			name of the
new registered agent and/or the new registe	red office address:		
Name of New Registered Agent			
	(Florida stre	et address)	
	11 10/144 31/6	or and essy	
New Registered Office Address:		, Flor	
	(City)		(Zip Code)
New Registered Agent's Signature, if changing I hereby accept the appointment as registered age		ith and accept the abliga	tions of the nosition
as regionered age.	m. Tum jummuu m	in and accept the congain	ichs of the position.

Signature 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.

Example: X Change	PT	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>	<u>Addres</u> s
1) Change	S	Travis Horstman	1701 SE Carvalho St
X Add			Port St Lucie, FL 34983
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change	<del>- ;</del>	_	
Add			
Remove			
6) Change	Warren war		
Add			
Remove			

Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
on amandment provides for an each	ange, reclassification, or cancellation of issued shares,
an autenument provides for an exch	· · · · · · · · · · · · · · · · · · ·
orovisions for implementing the amer (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
provisions for implementing the ame	ndment if not contained in the amendment itself:
provisions for implementing the ame	ndment if not contained in the amendment itself:
provisions for implementing the ame	ndment if not contained in the amendment itself:
provisions for implementing the ame	ndment if not contained in the amendment itself:
provisions for implementing the ame	ndment if not contained in the amendment itself:
provisions for implementing the ame	ndment if not contained in the amendment itself:
provisions for implementing the ame	ndment if not contained in the amendment itself:

The date of each amendment(s) adoption:	, if other than th
Effective date if applicable:	
(no more than 90 days after amendment file date)	
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 7/29/13	
Signature Complete Decome	
(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)	
JAMESHIN ENMAN	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	