## P990000 99681

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## **COVER LETTER**

TO: Amendment Section **Division of Corporations** NAME OF CORPORATION: DeCillis Construction Inc DOCUMENT NUMBER: P99000099681 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Deborah DeCillis Name of Contact Person DeCillis Construction Inc/dba DCI Home Improvements Firm/ Company 6235 Van Buren Street Address New Port Richey, FL 34653 City/ State and Zip Code debbie@dcitampabay.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Deborah DeCillis at ( 727 ) 534-5617

Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: □\$43.75 Filing Fee & **\$35** 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** 

Amendment Section Division of Corporations P.O. Box 6327 Tallahassec, FL 32314

Street Address

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

## Articles of Amendment to Articles of Incorporation

DECIL	1.15	CONS	TRHC	TION	INC
		CONS	1100		114

(Name of Corporation as curre	ently filed with the Flori	da Dept, of State)	
P99000099681			
(Document Number	er of Corporation (if know	n)	
Pursuant to the provisions of section 607.1006, Florida Statutes, thits Articles of Incorporation:	his <i>Florida Profit Corpor</i>	ation adopts the following ame	ndment(s)
A. If amending name, enter the new name of the corporation:			
			new
name must be distinguishable and contain the word "corpora "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," o word "chartered," "professional association," or the abbreviatio	r "Co". A professional	incorporated" or the abbrevi corporation name must contai	iation in the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	N/A		
C. Enter new mailing address, if applicable:	N/a	2019. SEC TA	
(Mailing address <u>MAY BE A POST OFFICE BOX</u> )	N/A	JUN -	
		SSC A	87575
	<del></del>		
<ol> <li>If amending the registered agent and/or registered office ad new registered agent and/or the new registered office addr</li> </ol>	<u>ddress in Florida, enter (</u> <u>ess:</u>	the name of the	
Name of New Registered Agent HA			
(Florida	street address)		
New Registered Office Address: N//	(Citv)	, Florida(Zip Code)	
	(Ciù)	(Zip Code)	
New Registered Agent's Signature, if changing Registered Age hereby accept the appointment as registered agent. I am familia		igations of the position.	
,		· -	
NA	Registered Agent, if char		
Signature of New	Registered Agent, if cha	nging	

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	<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>	<u>Addres</u> s
1) Change	CEO	JEFFREY MICHAEL AKINS	5409 FOLEY SQUARE
X Add			NEW PORT RICHEY, FL 34652
Remove			<del></del>
2) Change	<u> 4/,</u>	A N/A	N/A
Add	,	,	
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
<del>.</del>			
5) Change	+		_ \_/
Add		/	
Remove	$\vee$	V	
6) Change	· 		<del></del>
Add			
Remove			

(Attach a	ding or adding additional Articles, enter change(s) here:  dditional sheets, if necessary). (Be specific)
	N/A
	<i>, ,</i>
·	
.c	
provisio	endment provides for an exchange, reclassification, or cancellation of issued shares, ons for implementing the amendment if not contained in the amendment itself:
-	not applicable, indicate N/A)
	14/4

The date of each amendment(s) adoption:, if other than the
date this document was signed.
Effective date if applicable:
(no more than 90 days after amendment file date)
<b>Note:</b> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
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)
☐ 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
(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)
Deborah DeCillis
(Typed or printed name of person signing)
VS
(Title of person signing)