503345

(Requestor's Name)			
(Address)			
(Address)			
(doises,			
(City/Ct.) 77: (C)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
			
Special Instructions to Filing Officer:			





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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	rilding Suply inc	
DOCUMENT NUMBER:50	03345	
The enclosed Articles of Amendment and fee are	e submitted for filing.	
Please return all correspondence concerning this	matter to the following:	
	Mon Whatley Name of Contact Person	
·		
	145 Bulling Suply, inc	
1215	OSC 128 Courl and 135	
	City/ State and Zip Code	
E-mail address: (to b) For further information concerning this matter, p	e used for future arisinal report notification)	
Jamon Molombon	at (<u>Jos</u>) <u>893-977</u> Area Code & Daytime Telephone Number	
Name of Contact Person	Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount ma	ade payable to the Florida Department of State:	
□ \$43.75 Filing Fee Certificate of Statu	-	
Mailing Address Amendment Section Division of Corporations	Street Address Amendment Section Division of Corporations	
P.O. Box 6327	The Centre of Tallahassee	
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

145 Buildion Sugar	La Jac	
(Name of Corporation as current)	flied with the Florida Dept. of State)	
5 03345		
(Document Number of	f Corporation (if known)	_
Pursuant to the provisions of section 607,1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) 10
A. If amending name, enter the new name of the corporation:		
	The new	
name must be distinguishable and contain the word "corporation," "c" "lnc.," or Co.," or the designation "Corp," "Inc," or "Co", a "chartered," "professional association," or the abbreviation "P.A."	A professional corporation name must contain the word	
B. Enter new principal office address, if applicable:	26	
(Principal office address MUST BE A STREET ADDRESS)	VON 020	
	7	•
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	P	٠;
(Mailing address MAT BE A POST OFFICE BOX)	<u> </u>	أبد
D. If amending the registered agent and/or registered office addinew registered agent and/or the new registered office address	ress in Florida, enter the name of the	
Name of New Registered Agent		
(Florida str	vet address)	
New Registered Office Address:	, Florida	
	(City) (Zip Code)	
New Registered Agent's Signature, if changing Registered Agent	:	
I hereby accept the appointment as registered agent. I am familiar v	- with and accept the obligations of the position.	
Signature of New R	egistered Agent. if changing	

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)

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>	Address
1) Change	<u>5</u>	Maria Sopolad	Mybridg 10 anango and suto 1403 Concl Galler, Fl. 33134
Add			Conel Golla, Fl. 33134
X Remove			
2) Change		_	
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			_
Add			
Remove			

amending or adding additional stach additional sheets, if necessor	ıry). (Be specific)				
					
		•			
		<u> </u>			
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			<u> </u>		
	 .				
				<u> </u>	
		······			
If an amendment provides for an	exchange, reclassific	cation, or cancella	ition of issued shar	es,	
provisions for implementing the	amendment if not co	ontained in the an	nendment itself:		
(if not applicable, indicate N	(A)				
					-
		-			
					
	-				
	· · · 				

The date of each amendment(s) a	doption:	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after	amendment file date)
Note: If the date inserted in this to document's effective date on the D		ory filing requirements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were ad action was not required.	opted by the incorporators, or board of dir	rectors without shareholder action and shareholder
☐ The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of afficient for approval.	f votes cast for the amendment(s)
	proved by the shareholders through voting each voting group entitled to vote separa	
"The number of votes east	for the amendment(s) was/were sufficien	t for approval
by	(voting group)	"
	(voting group)	
(By a c	irector, president or other officer – if dired, by an incorporator – if in the hands of a	
appoir	ted fiduciary by that fiduciary)	
	Ramorz Molarac (Typed or printed pame of pe	pon signing)
	(Title of person signing)	