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C. CARROTHERS

## **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPOR	RATION: Gabel & Lands Con	ntractors, Inc.			
DOCUMENT NUME	BER: P0200019281				
	of Amendment and fee are sul	omitted for filing.			
Please return all corres	spondence concerning this mat	ter to the following:			
	Jeremiah Mulligan				
	····	Name of Contact Person	1		
	McClure Bloodworth, P.L.				
	····	Firm/ Company			
	81 King Street, Suite A				
	<del></del>	Address			
	St. Augustine, FL 32084				
		City/ State and Zip Code			
awlan	nds@aol.com				
	E-mail address: (to be us	ed for future annual report	notification)		
For further information concerning this matter, please call:					
Jeremiah Mulligan		at (			
Name o	of Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check fo	r the following amount made p	payable to the Florida Depa	irtment of State:		
☐ \$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Amo Divi P.O.	condition Address condition Section of Corporations Box 6327 ahassee, FL 32314	Amend Division Clifton 2661 E	Address Iment Section on of Corporations Building executive Center Circle assee, FL 32301		

## Articles of Amendment to Articles of Incorporation of

Gabel & Lands Contracting, Inc.			
(Name o	f Corporation as currently fl	<u>led with the Florida Dep</u>	t. of State)
P0200019281			
	(Document Number of Co	orporation (if known)	
Pursuant to the provisions of section 607.1 its Articles of Incorporation:	006, Florida Statutes, this Fla	rida Profit Corporation a	dopts the following amendm (3) to
A. If amending name, enter the new na	me of the corporation:		The Rivery
name must be distinguishable and contour "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional associated	ation "Corp," "Inc," or "Co ion," or the abbreviation "P	". A professional corpor	
B. Enter new principal office address, i (Principal office address MUST BE A ST			
D. If amending the registered agent and new registered agent and/or the new		in Florida, enter the na	me of the
Name of New Registered Agent	Weldon Lands		
Name of New Registered Agent	104 N. Orange Street, Suite 6	;	<del></del>
	(Florida street		
New Registered Office Address:	Hastings		Florida 32145
NEW REGISTERE Office Audi ess.	(C	ity)	(Zip Code)
New Registered Agent's Signature, if cl	ered agent. I am familiar wit	h and accept the obligation  May be a second or a second of the control of the co	

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	¥	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	PT	A. Weldon Lands	104 N. Orange Street, Suite 6
xxx Add			Hastings, FL 32145
Remove			
2) xxx Change	vs	Scott Gabel	8400 Reid Road, Lot-K
Add			Hastings, FL 32145
Remove			
3) Change			
Add			
Remove			
4) Channa			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
0 0			
6) Change			
Add			
Remove			

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
,	
if an amendment provides for an exch	nange, reclassification, or cancellation of issued shares.
provisions for implementing the ame (if not applicable, indicate N/A)	endment if not contained in the amendment itself:

The date of each amendment(s) adoption:	_, if other than the
date this document was signed.	
Effective date if applicable:	<del></del>
(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 document's effective date on the Department of State's records.	not be listed 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	
☐ 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	_
selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
A. WELDON LANDS	
(Typed or printed name of person signing)	
(Title of person signing)	
(Title of person signing)	