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XX	FILING	INC AMEND	
-	(CORPORATE NAME AND I	DOCUMENTS #1	
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COVER LETTER

TO: Amendment Section Division of Corporations

DC	ONGTRUCTION AND DEVELOPMENT CORP.
DOCUMENT NUMBER: PO	3000 2010 1
The enclosed Articles of Amendment and f	ee are submitted for filing.
Please return all correspondence concerning	g this matter to the following:
<u>J</u> ,	ACOBO KLIGMAN Name of Contact Person
K CONST	RUCTION AND DEVELOPMENT CORP
906 W	HALLANDALE BLVD Address
HALLAND	OALE BEACH FL 33009 City/ State and Zip Code
E-mail address:	NSTRUCT & GMAIL COM (to be used for future annual report notification)
For further information concerning this man	iter, please call:
JACOBO KLIGMAI	
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amou	nt made payable to the Florida Department of State:
\$35 Filing Fee	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation

•	
Articles of An	nendment
to	
Articles of Inco of	reportation
K CONSTRUCTION AND DEVELO	
(Name of Corporation as currently	filed with the Florida Dept. of State)
Y05000026107	\$ P.
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this Fits Articles of Incorporation:	Torida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
N/A	The new
name must be distinguishable and contain the word "corporation," "co	ompany," or "incorporated" or the abbreviation "Corp.,"
"Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	professional corporation name must contain the word
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	906 W. HALLANDALE BLVD
	HALLANDALE BEACH, FL 33009
C. Enter new mailing address, if applicable:	•
(Mailing address MAY BE A POST OF FICE BOX)	
	906 W. HALLANDALE BLVD
	HALLANDALE BEACH, FL 33009
D. If amending the registered agent and/or registered office address: new registered agent and/or the new registered office address:	ess in Florida, enter the name of the
ALIA	
Name of New Registered Agent NIP	
N/A	
(Florida stre	Λ//Λ
New Registered Office Address: N/A	, Florida IV/P
ľ	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent. I am familiar w	ith and accept the obligations of the position.
N/A	
Signature of New Re	gistered Agent, if changing

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

(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: <u>PT</u> John Doc X Change <u>v</u> Mike Jones X Remove <u>SV</u> Sally Smith $X \wedge Add$ Address Type of Action Title <u>Name</u> (Check One) 906W. HALLANDALE BLVD JACUBU KLIGMAN 1) X Change HALLANDALE BEACH, FL Add ___ Remove ARMANDO SERA 906W. HALLANDALE BLVD 2) ____ Change HALLANDALE BEACH FL X Add _ Remove ___ Change ___ Add _ Remove 4) ____ Change __ Add ____ Remove 5) ____ Change __ Add Remove

· 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:

6) ____ Change

__ Add

Remove

If amending or adding a (Attach additional sheets,	if necessary). (Be	specific)			
NIIA		, , ,			
17/14					
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If an amendment provid	dae for an avehanca	reclassification	or concellation of	iccued chares	
provisions for impleme	enting the amendme	nt if not contain	ed in the amendme	nt itself:	
(if not applicable, in	ndicate N/A)		211 31111		
LIA	,				
N/A					
			<u>-</u> .		
			<u>-</u>		
			<u> </u>		

•

The date of each amendment(s) ac	doption: N//A	, if other than the
date this document was signed.	NIA	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in this b document's effective date on the De	block does not meet the applicable statutory filing requirements, this epartment of State's records.	date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ado action was not required.	opted by the incorporators, or board of directors without shareholder a	iction and shareholder
The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment of the approval.	ent(s)
must be separately provided for	proved by the shareholders through voting groups. The following state each voting group entitled to vote separately on the amendment(s): for the amendment(s) was/were sufficient for approval	ement
by <u>N/A</u>))	
by <u>N/A</u>	(voting group)	
Dated4	(voting group) 1 - 22 ON ANA Solia 11000	
Dated	(voting group)	en court
Dated	irector, president or other officer – if directors or officers have not be d, by an incorporator – if in the hands of a receiver, trustee, or other of	en ourt
Dated	irector, president or other officer – if directors or officers have not be d, by an incorporator – if in the hands of a receiver, trustee, or other ofted fiduciary by that fiduciary)	en ourt