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COVER LETTER

TO: Amendment Section

Division of Corporations					
NAME OF CORPORATION: Rousseau Contractors, Inc. DOCUMENT NUMBER: PO 90000 84300					
DOCUMENT NUMBER: <u>P090000 84300</u>					
The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
Luis Kousseau					
Name of Contact Person					
Name of Contact Person Rousseau Contractors, Inc. Firm/ Company 4250 Sw 73rd Ave. Address					
Firm/ Company					
4250 SW 73rd Ave.					
Address					
Miami, FL 33155 City/ State and Zip Code					
City/ State and Zip Code					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Luis Rousseau at (786) 251-5693. Name of Contact Person Area Code & Daytime Telephone Number					
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 Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed)					
Mailing Address Amendment Section Street Address Amendment Section					
Division of Corporations P.O. Box 6327 Division of Corporations Clifton Building					

Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Rousseau Contractors Inc. (Name of Corporation as currently f	iled with the Florida Dept. of State)	·
- P09000084300		
(Document Number of C	Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Flatistical Articles</i> of Incorporation:	orida Profit Corporation adopts the follo	owing amendment(s)
A. If amending name, enter the new name of the corporation:		
NA		The news
name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered," "professional association," or the abbreviation "P. B. Enter new principal office address, if applicable:	o". A professional corporation name m	ne abbreviation inust contain the
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	N/A	FULLS.
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	s in Florida, enter the name of the	
Name of New Registered Agent	<u> </u>	
	t address)	
New Registered Office Address:	, Florida	
	Tity)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with	. , ,	ion.
Signature of New Reg	ristered 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	<u>PT</u>	John Doe	,
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	Address
1)Change	<u>νρ</u>	Santiago Rousseau	4250 SW 73rd Ar Miami, Pl 33155
Add			Miami, A 33155
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change		<u> </u>	
Add			
Remove			
5) Change			<u> </u>
Add			
Remove			
6) Change			
Add			
Remove			

f amending or adding additional Arti Attach <i>additional sheets, if necessary).</i>	(Be specific)	
· ···		
	N/A	
1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1		
		
provisions for implementing the ame (if not applicable, indicate N/A)	change, reclassification, or cancellation of issued shares, lendment if not contained in the amendment itself:	
	N/A	
		

The date of each amendment(s) adoption: $\frac{05/31}{20/6}$, if other than the
date this document was signed.	, ii ottoi titali tito
Effective date if applicable: 05/31/2016	
Effective date if applicable: 05/31/2016 (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 document's effective date on the Department of State's records.	will 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 (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 05/31/2016	
Signature 4//01/1	
(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)	
(Typed or printed name of person signing)	_
(Typed or printed name of person signing)	
Aresident	
(Title of person signing)	