P11000014235

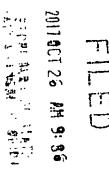
| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
| |
| |
| |
| |

Office Use Only



700304853317

10/26/17--81825--813 *+35.88



Anund

OCT 27 2017 I ALBRITTON

COVER LETTER

Division of Corporations NAME OF CORPORATION: COLLAZO CONSTRUCTION CORP DOCUMENT NUMBER: P11000074238 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: **HUMBERTO COLLAZO** Name of Contact Person COLLAZO CONSTRUCTION CORP Firm/ Company 1522 E ROBINSON STREET Address ORLANDO, FL 32801 City/ State and Zip Code HCOLLAZO@COLLAZOCC.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (407) 267-6208

Area Code & Daytime Telephone Number **HUMBERTO COLLAZO** Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ■ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status

Mailing Address

TO: Amendment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address

(Additional copy is

enclosed)

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

Certified Copy

(Additional Copy is enclosed)

Articles of Amendment to

Articles of Incorporation of

| 01 | | | |
|--|------------------|----------------|-------------------|
| COLLAZO CONSTRUCTION CORP | | | |
| (Name of Corporation as currently filed with the Florida | Dept. of State | <u> </u> | |
| P11000074238 | | | |
| (Document Number of Corporation (if known) | | | |
| Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporati</i> its Articles of Incorporation: | on adopts the fo | ollowing amend | ment(s) to |
| A. If amending name, enter the new name of the corporation: | | | |
| | | The n | e'ne |
| name must be distinguishable and contain the word "corporation," "company," or "ine "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional coword "chartered," "professional association," or the abbreviation "P.A." | | | |
| B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) | | | - |
| | | 2011 | - - |
| C. Enter new mailing address, if applicable: | | 23 65 | |
| (Mailing address <u>MAY BE A POST OFFICE BOX</u>) | | -42 | |
| | | 112 | _ [[] |
| | | | |
| | | <u> </u> | - |
| D. If amending the registered agent and/or registered office address in Florida, enter the new registered agent and/or the new registered office address: | name of the | in i | |
| Name of New Registered Agent | | | |
| | | | |
| (Florida street address) | | | |
| New Registered Office Address: | , Florida | | |
| (Ciţy) | | (Zip Code) | _ |
| | | | |
| Nam Basi tand Agant's Cianatana if shansing Designand Agant. | | | |
| New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the oblige | ations of the po | sition. | |
| | , | | |
| | | | |
| Ciman AM Diminimal to the P. L. | | | |
| Signature of New Registered Agent, if chang | шg | | |

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 | PT | John Doc | |
|----------------------------|-----------|--------------|------------------------|
| X Remove | <u>V</u> | Mike Jones | |
| X Add | <u>sv</u> | Sally Smith | |
| Type of Action (Check One) | Title | <u>Name</u> | <u>Addres</u> s |
| 1) Change | VP | ADAM COLLAZO | 1522 E ROBINSON STREET |
| X Add | | | ORLANDO, FL 32801 |
| Remove | | | |
| 2) Change | | _ | |
| Add | | | |
| Remove | | | |
| 3) Change | | | |
| Add | | | |
| Remove | | | |
| 4) Change | | _ | |
| Add | | | |
| Remove | | | |
| 5) Change | | | |
| Add | | | |
| Remove | | | |
| | | | |
| 6) Change | | | |
| Add | | | |
| Remove | | | |

| (Attach-additional s | sheets, if necessary). | (Be specific) | nge(s) here: | | | |
|----------------------|--|---------------------------------------|-------------------------------------|---|---------------------------------------|--|
| | | | | | | |
| | | | | | | |
| | . | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | · · · · · · · · · · · · · · · · · · · | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | <u> </u> | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | <u></u> | | - - | | |
| | | | | | | |
| provisions for im | provides for an exclude plementing the amendal with the second se | tange, reclassifi indment if not c | cation, or cance ontained in the | llation of issued s amendment itself | hares, <u>:</u> | |
| | | | | | • | |
| | | | | | | |
| | | | | | - | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

| | 10/18/2017 | |
|---|--|-------------------------------|
| The date of each amendment(s) at date this document was signed. | loption: | , if other than the |
| Effective date if applicable: | | |
| | (no more than 90 days after amendment file date) | |
| Note: If the date inserted in this b document's effective date on the De | lock does not meet the applicable statutory filing requirements, this dipartment of State's records. | ate will not be listed as the |
| Adoption of Amendment(s) | (<u>CHECK ONE</u>) | |
| ☐ The amendment(s) was/were ado by the shareholders was/were su | pted by the shareholders. The number of votes cast for the amendment fficient for approval. | (s) |
| | roved by the shareholders through voting groups. The following statem each voting group entitled to vote separately on the amendment(s): | nent |
| | for the amendment(s) was/were sufficient for approval | |
| by | (voting group) | |
| | (voting group) | |
| The amendment(s) was/were ado action was not required. | pted by the board of directors without shareholder action and sharehold | ler |
| ■ The amendment(s) was/were ado action was not required. | pted by the incorporators without shareholder action and shareholder | |
| OCTOBER Dated | 18, 2017 | |
| Dateti | | |
| Signature | | |
| (By a di selectec | rector, presiden()or other officer – if directors or officers have not been I, by an incorporator – if in the hands of a receiver, trustee, or other cou ed fiduciary by that fiduciary) | |
| | HUMBERTO COLLAZO | |
| | (Typed or printed name of person signing) | |
| | PRESIDENT | |
| | (Title of person signing) | |