## P1300058997

Office Use Only



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R. WHITE

## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: BUILDING RENOVATION INC					
DOCUMENT NUMI	<sub>BER:</sub> P1300005899	7			
	of Amendment and fee are sul				
Please return all corres	spondence concerning this mat	ter to the following:			
	LOURDES SAURA				
		Name of Contact Persor	···		
	BUILDING RENOVATION BY ACEVEDO MEDICAL GROUP INC				
		Firm/ Company			
	2400 NW 54 STREET				
		Address			
	MIAMI, FL. 33142	2			
	·······	City/ State and Zip Code	2		
LO	URDESGRP@BE	LLSOUTH.NET			
		ed for future annual report			
For further information	n concerning this matter, pleas	e call:			
LOURDES SAURA		at (305	3316889		
Name	of Contact Person		de & Daytime Telephone Number		
Enclosed is a check fo	r the following amount made p	payable to the Florida Depa	ertment 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)		
Mailing Address		Street Address			
Amendment Section		Amendment Section			
Division of Corporations		Division of Corporations			
P.O. Box 6327		Clifton Building 2661 Executive Center Circle			
Tallahassee, FL 32314		Tallahassee, FL 32301			

## Articles of Amendment to Articles of Incorporation of

	of	Ī	'~ i!.	-+	
BUILDING RENOVATIO	N INC.	e .	,	5 5, 97	
(Name of Corporation as	currently filed with the l	Florida Dept. of Sta	te)		
P13000058997				178	
(Documen	t Number of Corporation (	if known)			
Pursuant to the provisions of section 607.1 ts Articles of Incorporation:	006, Florida Statutes, this	Florida Profit Corp	oration add	opts the following	g amendmei
A. If amending name, enter the new na	me of the corporation:				
BUILDING RENOVATION	N BY ACEVEDO	MEDICAL (	GROUF	PINC.	The new
name must be distinguishable and cont "Corp.," "Inc.," or Co.," or the designoword "chartered," "professional associat	ation "Corp," "Inc," or	"Co". A profession	''incorpor al corporat	cated" or the ab ion name must c	bbreviation
B. <u>Enter new principal office address, i</u> Principal office address <u>MUST BE A ST</u>		N/A			
C. Enter new mailing address, if applic (Mailing address <u>MAY BE A POST (</u>		N/A			
D. If amending the registered agent and new registered agent and/or the new Name of New Registered Agent			er the name	e of the	
	(Florida si	treet address)			
New Registered Office Address:	(Florida si		_, Florida_	(Zip Code)	

Signature of New Registered 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)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			
Remove			
3) Change		<del></del>	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. <u>If amen</u> (Attach (	ding or adding additional additional additional sheets, if necessar	Articles, enter chars). (Be specific)	nge(s) here:		
N/A	udamonai sneeis, y necessai	y, (Be specific)			
<del></del> -			· · · · · · · · · · · · · · · · · · ·		
F. <u>Ifan ar</u>	mendment provides for an	exchange, reclassi	fication, or canc	ellation of issued sh	ares
<u>provis</u>	ions for implementing the foot applicable, indicate N/	amendment if not	contained in the	amendment itself:	
-	noi applicable, inalcale 1977	4)			
N/A		···			
					-
					·

The date of each amendment(s) date this document was signed.	adoption: 07/25/2014	_, if other than the
Effective date if applicable:		
Effective date in appreciable.	(no more than 90 days after amendment file date)	_
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
	pproved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
The amendment(s) was/were a action was not required.	dopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and shareholder	
Dated_07/25/	2014	
Signature	XIIII	
(By å	director, president or other officer – if directors or officers have not been ted, by an incorporator – if in the hands of a receiver, trustee, or other court intedifiduciary by that fiduciary)	
	LOURDES SAURA	
	(Typed or printed name of person signing)	_
	PRESIDENT	
	(Title of person signing)	_