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Division of Corporations

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Account Name : PADRON AND ASSOCIATES INC.

Account Number : 120060000156

: (305)818-0404

Fax Number : (305)818-0898

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R. WHITE

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COR AMND/RESTATE/CORRECT OR O/D RESIGN ALL SOUTH FLORIDA CONSTRUCTION SERVICE INC.

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COVER LETTER

TO:	Amendment Section	
	Division of Corporations	5

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Place return all correspondence concerning this matter to the following: Frank De La Paz Name of Contact Person fequal Services Firm/ Company 11000 SW 104th St 2804 Address Miami, Fl 33116 City/ State and Zip Code equalservices@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Frank De La Paz at (305	NAME OF CORPO	RATION:	 	······
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Frank De La Paz Name of Contact Person	The enclosed Article	s of Amendment and fee are su	bmitted for filing.	
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Address Miami, Fl 33116 City/ State and Zip Code equalservices@gmail.com B-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Frank De La Paz at (305) 596-5655 Name of Contact Person Area Code & Daytime Telephone Numb Enclosed is a check for the following amount made payable to the Florida Department of State: \$335 Filing Fee Certificate of Status (Additional Copy (Additional Copy is enclosed) Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 2661 Executive Center Circle		fEqual Services		
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Articles of Amendment to Articles of Incorporation SECTION TO THE A

ALL SOUTH FLORIDA CONSTRUCTION SERVICE INC

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(Document Number of Cornoration (if known)

ent(s) to

A. If amending name, enter the new name of the cor	poration:		
	AHSSo	ath Florida Inc	The nev
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp," word "chartered," "professional association," or the ac	"Inc," or "Co". A profes	" or "incorporated" or t sional corporation name r	he abbreviation nust contain the
B. Enter new principal office address, if applicable:		\	
(Principal office address MUST BE A STREET ADDR	(ESS)		
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C. Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)	····	
			* ** **
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D. If amending the registered agent and/or registered		enter the name of the	
new registered agent and/or the new registered of	ffice address:	And the second second	
Name of New Registered Agent			
			
	(Florida street address)		 ,
			in the section.
New Registered Office Address:	(City)	, Florida	(Zip Code)
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New Registered Agent's Signature, if changing Regis	tered Agent:		
I hereby accept the appointment as registered agent. I d	am familiar with and accept	the obligations of the posit	ion.
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	ure of New Registered Agen	ifakanaina	

f amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, ar	d
ddress 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.

X Change	PT John	Doe			
X Remove	Y Mik	e Jones			
X Add	SV Sally	v Smith			
Type of Action (Check One)	Title	Name	,	Address	
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Add					
Remove				.	
2)Change				·	
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3) Change					
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Page 3 of 4

The date of each amendment		, if other than the
date this document was signed	•	
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
	this block does not meet the applicable statutory filing requirements, this dat ne Department of State's records.	e will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/wer by the shareholders was/we	e adopted by the shareholders. The number of votes east for the amendment(s) are sufficient for approval.	
☐ The amendment(s) was/wer must be separately provide	e approved by the shareholders through voting groups. The following statement of for each voting group entitled to vote separately on the amendment(s):	nt
	cast for the amendment(s) was/were sufficient for approval	
by	(voling group)	
	(voting group)	
The amendment(s) was/wer action was not required.	e adopted by the board of directors without shareholder action and shareholder	,
The amendment(s) was/wer action was not required.	e adopted by the incorporators without shareholder action and shareholder	
Dated	12/20/16	
Signature		
(B)	y a director, president or other officer - if directors or officers have not been lected, by an incorporator - if in the hands of a receiver, trustee, or other court	
· ap	pointed fiduciary by that fiduciary)	
	MIGUEL PINO	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of nerson signing)	