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(Re	questor's Name)	
(Ade	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	: #)
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
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Certified Copies	Certificates	of Status
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Special Instructions to	Filing Officer:	Ì
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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassec, FL 32314

NAME OF CORPOR	ATION: MEGA CONSTRU	ICTION ENTERPRISE CO	DRP
DOCUMENT NUMB		<u>.</u>	<u> </u>
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	Paulo Gomes		
•	-	Name of Contact Persor	1
	Gomes Insurance & Account	ing	
		Firm/ Company	
	129 SW 15th Street		
	· · · · · · · · · · · · · · · · · · ·	Address	
	Deerfield Beach FL 33441		
		City/ State and Zip Code	c
paulo	@gomesins.com		
<u>·</u>	= -	sed for future annual report	notification)
For further information	n concerning this matter, pleas	se call:	
Paulo Gomes		at (<u></u> 954	531-1451
Name o	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divi	ling Address endment Section sion of Corporations Box 6327	Ameno Divisio	Address Iment Section on of Corporations Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

MEGA	CONSTRI	ICTION	ENTERPRISE	CORP

	as currently filed with the Florida Dept. of State)	
P19000046699		
(Document)	Number of Corporation (if known)	·
Pursuant to the provisions of section 607,1006, Florida Statits Articles of Incorporation:	atutes, this Florida Profit Corporation adopts the following amo	endment(s) t
A. If amending name, enter the new name of the corpor	oration:	
Fort Painting Corp	Th.	new
	'corporation," "company," or "incorporated" or the abbrev 'Inc," or "Co". A professional corporation name must conta	riation
B. Enter new principal office address, if applicable:		···
(Principal office address <u>MUST BE A STREET ADDRES</u>	<u>(c)</u>	•
	A.C. 9 #	
		
C. Enter new mailing address, if applicable:	26 HAS	() () () ()
(Mailing address MAY BE A POST OFFICE BOX)		
	<u> </u>	ineral)

		<u> </u>
D. If amending the registered agent and/or registered o	office address in Florida, enter the name of the	
new registered agent and/or the new registered offic	ce address:	
Name of New Registered Agent		
((Florida street address)	
New Registered Office Address:	, Florida	
-	(City) (Zip Code)	
Now Burkey 14 11 Ct 11 15 15 15 15 15 15 15 15 15 15 15 15		
New Registered Agent's Signature, if changing Register thereby accept the appointment as registered agent. I am	red Agent: n familiar with and accept the obligations of the position	
	-,	
Signature	e 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 Doc	
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
i) Change	<u>P</u>	Lorena Gomes	1100 SE 4th Ave Apt 21
Add			Deerfield Beach FL 33441
X Remove			
2) Change	P	Andre Luiz Gomes	1100 SE 4th Ave Apt 21
xAdd			Decrfield Beach FL 33441
Remove			
3)Change		-	
Add			
Remove			
4) Change	_		
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add		-	
Remove			

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
	
f an amendment provides for an exch	nange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:
(if not applicable, indicate N/A)	nament it not contained in the amendment user.

The date of each amendment(s) added this document was signed.	adoption:	, if other than the
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	-
Note: If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing requirements, this date department of State's records.	te will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were ac by the shareholders was/were s	dopted by the shareholders. The number of votes east for the amendment(s sufficient for approval.)
	oproved by the shareholders through voting groups. The following stateme or each voting group entitled to vote separately on the amendment(s):	nt
"The number of votes cas	st for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were action was not required.	dopted by the board of directors without shareholder action and shareholde	r
The amendment(s) was/were action was not required.	dopted by the incorporators without shareholder action and shareholder	
DatedSignature(By a	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 cour	
	inted fiduciary by that fiduciary)	t
	Lorena Gomes	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	