## E008100019

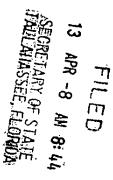
(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	<del> </del>
(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ie)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



700246257697

04/08/13--01014--015 \*\*43.75



## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	ADIVO CO	NSTRUCTION (	CORP
	<sub>ER:</sub> P1000001800		
	f Amendment and fee are su		
Please return all corresp	oondence concerning this ma	tter to the following:	
	Avidahn Levin		
-		Name of Contact Person	1
	Adivo Construction	on Corp.	
_		Firm/ Company	
:	2070 N. OCEAN	• -	
_		Address	
	BOCA RATON, F	L 33431	
_		City/ State and Zip Cod	e
levi	nz@lhcdevelopm	ent.com	
		sed for future annual report	notification)
			•
For further information	concerning this matter, pleas	se call:	
Zvi Levin		at (561	, 391-9233
Name o	f Contact Person		de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
□ \$35 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)
Amer Divis P.O.	ing Address  Indicate the section of Corporations  Box 6327  hassee, FL 32314	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle

## **Articles of Amendment** to Articles of Incorporation

	F	IL	ΞD	i
13				8: 44
SEC	RETAI	RY o	HE C.	0• 44 ***

## ADIVO CONSTRUCTION CORP.

(Name of Corporation as currently filed with the Florida Dept. of State)

P1	ΔΔ	$\Delta \alpha$	Λ1	90	<b>100</b>
$rac{1}{2}$	1 16 1	( ) I I	1 1 1	XI)	

ndment(s) to

(Document Numb	ber of Corporation (if kno	wn)	·
Pursuant to the provisions of section 607.1006, Fits Articles of Incorporation:	Florida Statutes, this Flori	da Profit Corporation add	opts the following amendme
A. If amending name, enter the new name of t	the corporation:		
			The new
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "word "chartered," "professional association," o	'Corp," "Inc," or "Co".	A professional corporat	ated" or the abbreviation tion name must contain the
B. Enter new principal office address, if appli (Principal office address MUST BE A STREET			<del></del>
	_		<u>.                                    </u>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC	E BOX)		
D. If amending the registered agent and/or re new registered agent and/or the new regist		n Florida, enter the nam	e of the
Name of New Registered Agent			
<del></del>	(Florida street ac	ldress)	
New Registered Office Address:		, Florida_	
	(City)		(Zip Code)
New Registered Agent's Signature, if changing I hereby accept the appointment as registered agent.	gent. I am familiar with a	and accept the obligations	of the position.

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 Do	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	n <u>ith</u>	
Type of Action (Check One)	Title		Name	<u>Addres</u> s
1) Change	V		Maria Matos	6250 SW 47th Ct
X Add				Davie, FL 33314
Remove				
2) Change				
Add				
Remove				<del> </del>
3) Change		<del></del>		
Add				
Remove				<del></del>
4) Change				
Add				
Remove				
5) Change				
5) Change		<u> </u>		
Add				
Remove				
6) Change		<del></del>		
Add				
Remove				

If amending or adding additional Article (Attach additional sheets, if necessary).	(Be specific)
(Attach daditional sheets, if necessary).	(be specific)
	· • · · · · · · · · · · · · · · · · · ·
· · · · · · · · · · · · · · · · · · ·	
· · · · · · · · · · · · · · · · · · ·	
If an amendment provides for an exch	hange, reclassification, or cancellation of issued shares,
provisions for implementing the amer	endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

The date of each amendment(s) :	adoption: 4.3-13
Effective date <u>if applicable</u> :	4.3.13
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
☐ The amendment(s) was/were ac by the shareholders was/were s	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.
	oproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):
"The number of votes cas	st for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
action was not required.	dopted by the board of directors without shareholder action and shareholder dopted by the incorporators without shareholder action and shareholder
Dated	4.3.13
Signature	adh
(By a select	director, president or other officer – if directors or officers have not been led, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)
	Avidahn Levin
	(Typed or printed name of person signing)
	President
	(Title of person signing)