405707

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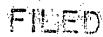
TO: Amendment Section

Division of Corporations NAME OF CORPORATION: Siboney Contracting Co. DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Enrique A. Tomeu c/o Alida Rodriguez Name of Contact Person Siboney Contracting Co. Firm/ Company 1450 Centrepark Blvd., Suite 100 Address West Palm Beach City/ State and Zip Code arodriquez@siboneycc.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Alida G. Rodriguez 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 (Additional copy is Certified Copy enclosed) (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 32301

Tallahassee, FL 32314

Articles of Amendment to Articles of Incorporation of



Siboney Contracting Co.	7057 NIO 11 A 11
(Name of Corporation as currently filed with the Flo	rida Dept. of State) 2817 AUG 4 A 11: 17
405707	SEGRETARY OF STATE TALLAHASSE, FLORIDA
(Document Number of Corporation (if I	KNOWN) TALLAMASSEE, FLORIDA
Pursuant to the provisions of section 607.1006, Florida Statutes, this Faits Articles of Incorporation:	lorida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
NIA	The new
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co" or the designation "Corp," "Inc," or "C word "chartered," "professional association," or the abbreviation "P	" "company," or "incorporated" or the abbreviation o". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	N/A
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NA
D. If amending the registered agent and/or registered office address: Name of New Registered Agent Name of New Registered Agent	ss in Florida, enter the name of the
(Florida stree	ot address)
New Registered Office Address:	, Florida
(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wi	th and accept the obligations of the position.
Signature of New Registered As	zent, 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: XChange	<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	VP	Jacinto Agramonte	1450 CENTREPARK BLVD. SUITE 100 WEST PALM BEACH, FL 33401
2) Change Add Remove			
3) Change Add Remove			
4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove			

If amending or adding additional A (attach additional sheets, if necessary). (Be specific)	ets) neic.		
NA				
			<u> </u>	
				
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f an amendment provides for an ex	ahanga yaalaasifa	ntion or consultati	on of insued about	
provisions for implementing the an (if not applicable, indicate N/A)	nendment if not cor	ntained in the ame	ndment itself:	<u>3,</u>
N A				
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The date of each amendment	08/01/2017
Effective date <u>if applicable</u> :	08/01/2017
Effective date it applicable:	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
■ The amendment(s) was/wer by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.
	re approved by the shareholders through voting groups. The following statement ed for each voting group entitled to vote separately on the amendment(s):
	s cast for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
action was not required.	re adopted by the board of directors without shareholder action and shareholder re adopted by the incorporators without shareholder action and shareholder
Dated	by a director, president or other officer – if directors or officers have not been
	elected, by an incorporator — if in the hands of a receiver, trustee, or other court
	ppointed fiduciary by that fiduciary)
	EMRIQUE ECHANE
	(Typed or printed name of person signing)
	CFO
	(Title of person signing)