U6631

(1	Requestor's Name)	
(,	Address)	
	Address)	
(1	City/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
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(Document Number)	
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Special Instructions	to Filing Officer:	,
<u>.</u>	· -	

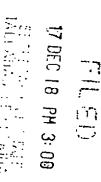
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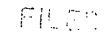
TO: Amendment Section
Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION:	CONSTRUCTION OF MIAMI, INK
DOCUMENT NUMBER:	66231
The enclosed Articles of Amendment and fee are su	ubmitted for filing.
Please return all correspondence concerning this ma	atter to the following:
2830 FT.	Name of Contact Person IMS CONSTMUCTION Firm/ Company SL 84- SUITE 117 Address CAUDELIALE, FL 33312 City/ State and Zip Code 199 2 AUC COM Ised for future annual report notification)
For further information concerning this matter, plea	se call:
R. GUTTERNEL Name of Contact Person	at (GSA) 321-3442 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made	•
\$35 Filing Fee S43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy (Additional copy is enclosed) □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	Street Address Amendment Section Division of Corporations Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



17 DEC 18 PH 3: 09

CANINS CONSTRUCTI	ICN OF MIA	MI, INC.	SECRETA	i wir
(Name of Corporati	ion as currently filed w	ith the Florida D	ept. of State	- ក្រុះបូក
	L66231			
(Docur	ment Number of Corpora	ation (if known)		-
irsuant to the provisions of section 607,1006, Florid Articles of Incorporation:	a Statutes, this <i>Florida</i> i	Profit Corporation	adopts the follow	ing amendment
If amending name, enter the new name of the co	orporation:			
				The new
ame must be distinguishable and contain the wor Corp.," "Inc.," or Co.," or the designation "Corp ord "chartered," "professional association," or the	o," "Inc," or "Co". A			
Enter new principal office address, if applicable	<u>e:</u>			
Principal office address <u>MUST BE A STREET ADI</u>	<u>DRESS</u>)			
			···	
Enter new mailing address, if applicable:				
(Mailing address <u>MAY BE A POST OFFICE BO</u>	<u>)X</u>)			
				·
				
If amending the registered agent and/or registered new registered agent and/or the new registered		lorida, enter the i	name of the	
new registered agent andor the new registered	office address.			
Name of New Registered Agent				
	(Florida street addre:	55)		
New Registered Office Address:			, Florida	<u>-</u>
	(City)		(Zi	p Code)
ew Registered Agent's Signature, if changing Reginerehy accept the appointment as registered agent.		accept the obligat	ions of the position	1.
	,	,	<i>y</i> = <i>t</i> =	
Sign	nature of New Registered	d Agent, if changir	ıg	

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	PT John	<u>Doe</u>	
X Remove	<u>V</u> <u>Mike</u>	<u>Jones</u>	
X Add	<u>SV</u> <u>Sally</u>	Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	THEKO.	GUTTEFAEZ, CACIOS	15954 Ne 12 sol (U. NADLES, FL. 34110
Add Remove			MADLES, FL. 34110
2) Change Add			
Remove			
3) Change			
Remove			
4) Change			
Remove			
5) Change			
Add			
6) Change			
Add			
x emaye			

	(Be specific)	
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		.
If an amendment provides for an excl provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:	
If an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:	
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provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:	

The date of each amendment(s) adoption:date this document was signed.	1/1/18	, if other than the
_	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	date)
Note: If the date inserted in this block does not med document's effective date on the Department of State's		nents, this date will not be listed as the
Adoption of Amendment(s) (CHECK	ONE)	
The amendment(s) was/were adopted by the shareh by the shareholders was/were sufficient for approv	nolders. The number of votes east for the ral.	amendment(s)
The amendment(s) was/were approved by the share must be separately provided for each voting group		
"The number of votes cast for the amendment	t(s) was/were sufficient for approval	
by <u>CANTS CONSTLUCTION</u> C	FLIAMI, INC.	
☐ The amendment(s) was/were adopted by the board action was not required.	of directors without shareholder action as	nd shareholder
☐ The amendment(s) was/were adopted by the incorp action was not required.	orators without shareholder action and sh	archolder
Dated		
(By a director, president	or other officer – if directors or officers had or – if in the hands of a receiver, trustee,	
appointed fiduciary by the	at fiduciary)	or other court
-	PAFAEL GUTTERNEZ Tor printed name of person signing)	<u> </u>
(Турес	d or printed name of person signing)	
	5cc.	
	(Title of person signing)	