## P01000038069

(Requestor's Name)
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(Document Number)
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: HECON Engineering Unoupine
NAME OF CORPORATION: ARCON Engineering Gnoupine  DOCUMENT NUMBER: \$ 0/000038069
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Adver LAPLante Name of Contact Person
ARcon Engineering Group, inc
1175 NE 121-th close + +211
1175 NE 125-th street #215
Miami FL 33161 City/ State and Zip Code
ARcon Engineering O Com Cast. Net E-mail address: (to be used for future annual report notification)
,
For further information concerning this matter, please call:
ADNER LA Dante at (786) 285-0366  Name of Contact Person Area Code & Daytime Telephone Number
Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status    \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)   Certified Copy (Certified
Mailing Address Street Address
Amendment Section Amendment Section
Division of Corporations P.O. Box 6327  Division of Corporations Clifton Building
Tallaharan Ti 20014
Tallahassee, FL 32314  Zoo L Executive Center Circle  Tallahassee, FL 32301

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Articles of Amendment.
to
Articles of Incorporation
of 17 Dr. The last of the last
Articles of Incorporation  of  ARcon Engineering Proub ine  (Name of Corporation as currently filed with the Florida Dept. of State)  (Name of Corporation as currently filed with the Florida Dept. of State)
(Name of Corporation as currently filed with the Florida Dept. of State)
\$ 0/000038069
(Document Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:
A. If amending name, enter the new name of the corporation:
Same
The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)  High FL 33161
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  5 ame
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:  Name of New Registered Agent:
(Florida street address)
New Province and Office Address 1176 ALT 175 the day of # 215 Blooks 331601
New Registered Office Address: 1175 NE 125 the #215, Florida 3316/ Miami (City) Rel (Zip Code)
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.  Signature of New Registered Agent, if changing
Signature of New Registered Agent, if changing

If AMENDING the C	<u> Ifficers and/or Directors, please lis</u>	<u>all officers/directors of the corporation as you now</u>	v wan
	se indicate the title(s), name and ad		
*	dex up to 6 officers/directors. If you	i have more than 6 officers/directors, please list them	on ar
additional sheet.)			
Title(s)	Name	Address	
1) Secretary	ARShad Vigar	13351 S.W. 36th st. HIAM, FL 33175	neco
2)	Adner Laplante	13651 NE Miai Ct	
3)	Nelly Reyes	N Mami, Fe 33/6/ 1060 Spring Garden Rd	
		Miami, & 33136	
4)			
5)			
6)			
If REMOVING an off	ficer and/or director, please list the	title(s) and name of the officer/director to be remove	<u>d:</u>
Title(s) Nam		Title(s) Name	
1) Secretary K	ao Gollaville K.	4)	
2)		5)	

E.	If amending or adding	additional Art	icles, enter change(	s) here:		
	(attach additional sheets,	if necessary).	(Be specific)			
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	dment provides for an exchange, reclassification, or cancellation of issued shares,
	for implementing the amendment if not contained in the amendment itself:
(ij noi d	applicable, indicate N/A)
$\mathcal{N}$	/A
•	
T) 1	ch amendment(s) adoption: 08 /03 /201/
i ne date of eac	ch amendment(s) adoption: $\frac{US}{US} = \frac{US}{US} = U$
Effective date <u>i</u>	if applicable: 10 106 12011  (no more than 90 days after amendment file date)
_	(no more than 90 days after amendment file date)
Adoption of Ar	nendment(c) (CUECK ONE)
tuopuon oi Ai	nendment(s) ( <u>CHECK ONE</u> )
The amendm	nent(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s)
	holders was/were sufficient for approval.
-5	The state of the s
The amendm	nent(s) was/were approved by the shareholders through voting groups. The following statement
	arately provided for each voting group entitled to vote separately on the amendment(s):
******	
"The n	umber of votes cast for the amendment(s) was/were sufficient for approval
hv	(voting group)
	(voting group)
	(10mg group)
☐ The amendm	nent(s) was/were adopted by the board of directors without shareholder action and shareholder
action was no	ot required.
	nent(s) was/were adopted by the incorporators without shareholder action and shareholder
action was no	ot required.
	· · / · · · · · · · · ·
	Dated 07/25/2011 Signature Almer Japlante
	Signature //mer Tab/aute
	(By a director,-president or other officer – if directors or officers have not been
	selected, by an incorporator - if in the hands of a receiver, trustee, or other court
	appointed fiduciary by that fiduciary)
	M
	Abven LAblante (Typed or printed name of person signing)
	(Typed or printed name of person signing)
	Presiden + (Title of person signing)
	(Title of person signing)