PO2000019983

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SECRETARY OF STATE

AUG 1 1 2016
C. CARROTHERS

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: PARADISE CON	STRUCTION CORPORAT	TION
DOCUMENT NUME		**************************************	
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	MIGUEL JOSE CASTRO		
•		Name of Contact Person	n
	PARADISE CONSTRUCTI	ON CORPORATION	
		Firm/ Company	
	4051 SW 130 AVE.		
		Address	· · · · ·
	MIAMI, FL, 33175		
		City/ State and Zip Cod	e
MIGU	JEL@PARADISECONSTRU	JCTION.US	
	E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
MIGUEL JOSE CAS	ГРО	at (305	321-8301
Name o	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
■ \$35 Filing Fee	□\$43.75 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)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327		Amend Divisio	Address Iment Section on of Corporations Building
Talla	hassee, FL 32314	2661 E	Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

D	A D	ADICE	CONSTRUCTION	CODDOD ATION

(Name of Corporation as curren	tly filed with the Florida Dept. of S	State)
P02000019983		
(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corporation adopts	the following amendment(s
A. If amending name, enter the new name of the corporation:		
N/A		The new
name must be distinguishable and contain the word "corporati "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation	I" or the abbreviation name must contain the
D. Fator novembrainel of Canadana if and include	N/A	L AUG
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		<u> </u>
		<u> </u>
C. Patrician and Proposition of the Parks		50 %
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	
	-	
D. If amending the registered agent and/or registered office ad-	dress in Florida, enter the name of	<u>the</u>
new registered agent and/or the new registered office addre	<u>ss:</u>	
Name of New Registered Agent N/A		
(Florida s	treet address)	
New Registered Office Address:	. Flor	rida
Ten Hogane on Office Haw ess.	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familiar	i <mark>t:</mark> with and accept the obligations of the	he nosition
appointment as regimered agent. I unijumitat	and decept the obligations of th	io 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.

X Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	VD	DULCE MARIA BACA-ARUS	152 SW 79 COURT
X Add			MIAMI, FL, 33144
Remove			
2) Change			
Add			<u> </u>
Remove			-
3) Change			
Add			
Remove			
4) Change		_	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			***************************************
Add			
Remove			

E. If amending or adding additional Artic (Attach additional sheets, if necessary).	les, enter change(s) here: (Be specific)
N/A	(in specific)
provisions for implementing the amend	nge, reclassification, or cancellation of issued shares, dment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
N/A	

	8-1-2016	
The date of each amendment(s) date this document was signed.) adoption:	, if other than the
	-1-2016	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in thi document's effective date on the	s block does not meet the applicable statutory filing requirements, this date Department of State's records.	will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	•
☐ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	ut
	ast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder	
8-1-201	6	•
Dated	N HAZ	7
Signature(By	a director, president or other officer – if directors or officers have not been	
sele	cted, by an incorporator - if in the hands of a receiver, trustee, or other court	
арро	pinted fiduciary by that fiduciary)	
	MIGUEL JOSE CASTRO	
	(Typed or printed name of person signing)	
	DIRECTOR	
	(Title of person signing)	