P04000145593

(Re	equestor's Name)	
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(Cit	ty/State/Zip/Phone	<i>= #</i>)
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EXAMINER

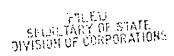
COVER LETTER

TO: Amendment Section Division of Corporati

Division of Corporation	ns		
NAME OF CORPORATI	ON: EL SALVA	ADOR BUILD	ERS INC
DOCUMENT NUMBER:			
The enclosed Articles of Ar			-
Please return all correspond	ence concerning this ma	tter to the following:	
JL	ILIO S CRUZ	<u>Z</u>	
		Name of Contact Person	n
<u>EI</u>	SALVADOR	BUILDERS I	NC
0.0	40.0514110	Firm/ Company	_
20	12 SEMINO		·
KI	SSIMMEE F	Address L 34744	
-		City/ State and Zip Cod	e
TAYL	OR BOND	TAX@YAHO	O.COM
		sed for future annual report	
For further information con	cerning this matter, pleas	se call:	
JULIO S CRUZ		_{at (} 407	, 892-7950
Name of Co	ntact 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	**S\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing A			Address
	ent Section of Corporations		lment Section on of Corporations

P.O. Box 6327 Tallahassec, FL 32314 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation



14 JUL 11 PH 2: 41

EL SALVADOR BUILDERS INC

(Name of Corporation as currently filed with the Florida Dept. of State) P04000145593

iment(s) to

(Document Number of Corporation (i	f known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporation" Corp., ""Inc.," or Co.," or the designation "Corp.," "Inc.," or "word "chartered," "professional association," or the abbreviation"	Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2012 SEMINOLE AVE
	KISSIMMEE FL 34744
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address	ress in Florida, enter the name of the
Name of New Registered Agent	
(Florida str	vect 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	
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:	, unu sui	iy Sman, Sv as an Aud.	
X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change			
Add Remove			
2) Change			
Add			
Remove			
3) Change			
Remove			
4) Change			
Add			
Remove			
5) Change Add			
Remove			
6) Change			
Add			
Remove			

ittach <i>addi</i>	g or adding additiona tional sheets, if necess	ary). (Be spec	cifie)			
						
						
						
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an amen	dment provides for a	a evekanaa roo	lossification .	w agnostiation	ficewood showes	
provisions	for implementing the	e amendment if	not contained	l in the amendr	oent itself:	
(if not	applicable, indicate N	7/A)				
		 -				
			·• · · · · · · · · · · · · · · · · · ·			
	- 1/41					•

The date of each amendment(s) adoption:

| Show TARY OF STATE
| OF

must be separately provided for each voting group entitled to vote separately on the amendment(s):

Dated_07/09/14

Signature 4

(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)

JULIO S CRUZ

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)