## P05000077167

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Emiliana Francis

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORP	ORATION:	Masimo Construction, Inc.	<u>C.</u>
DOCUMENT NU	OCUMENT NUMBER: P05000087767		
	les of Amendment and fee a		
Please return all co	rrespondence concerning thi	s matter to the following:	
		Brad Pollack	
	N	ame of Contact Person	
	Masii	mo Construction, Inc.	_
-		Firm/ Company	<del></del>
	7235 NW 19 Court		
-	Address		
	Domi	oroke Pines, Fl 33024	
		ity/ State and Zip Code	
	brad@mas E-mail address: (to be use	imoconstruction, Inc. d for future annual report notification)	<del></del>
For further informa	ation concerning this matter,	please call:	
	Brad Pollack	at ( 954 ) 70  Area Code & Daytime Tele	1-7425
Name	of Contact Person	Area Code & Daytime Tele	phone Number
Enclosed is a check	for the following amount n	nade payable to the Florida Departr	ment 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 Ac Amendmen Division of P.O. Box 6: Tallahassee	t Section Corporations 327	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle	

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

Construction, Inc.	
ently filed with the Flori	ida Dept. of State)
5000087767	TALL SEE
nber of Corporation (if kn	iown)
6, Florida Statutes, this i	Florida Profit Corporation adopts the
f the corporation:	0217
e designation "Corp," "In	" "company," or "incorporated" or nc," or "Co". A professional corporater the abbreviation "P.A."
olicable:	7-
ADDICESS )	
	in Florida, enter the name of the
(Florida street	address)
	, Florida
(City)	(Zip Code)
ng Registered Agent: ngent. I am familiar with	and accept the obligations of the position
	ently filed with the Flori 000087767  The of Corporation (if kn 6, Florida Statutes, this a f the corporation:  The word "corporation, designation "Corp," "In Ofessional association," of CEBOX)  Tegistered office address Stered office address:  (Florida street  (City)  The Registered Agent:

## 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)

Title .	Name	Address	Type of Action
S/T	Erika N Pollazk	7235 NW 19 COURT PEMBROKE PINES FL 33024	☐ Add ☐ Remove
S/T	Jackson, Raj L	7235 NW 19 COURT PEMBROKE PINES FL 33024	. ☑ Add □ Remove
- <del>1711</del>			Add Remove
	ng or adding additional Articles, enter litional sheets, if necessary). (Be specij		
provisio (if no	endment provides for an exchange, recons for implementing the amendment if applicable, indicate N/A)		
N/A			

The date of each amendmen	t(s) adoption: June 7, 2009
Effective date <u>if applicable</u> :	(data of adaption is no suited)
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
	ere adopted by the shareholders. The number of votes cast for the amendment(s) rere sufficient for approval.
The amendment(s) was/we must be separately provide	ere approved by the shareholders through voting groups. The following statement ed for each voting group entitled to vote separately on the amendment(s):
"The number of votes	cast for the amendment(s) was/were sufficient for approval
by	(voting group)
action was not required.	ere adopted by the board of directors without shareholder action and shareholder action and shareholder action and shareholder action and shareholder
Dated_June	e 15,2009
seld	a director, president or other officer – if directors or officers have not been ected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)
	Bradley S. Pollack  (Typed or printed name of person signing)
	Aud Deresident
	(Title of person signing)