

# PO5000116007

Florida Department of State  
Division of Corporations  
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DEPARTMENT OF STATE  
FLORIDA DIVISION OF CORPORATIONS

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### COR AMND/RESTATE/CORRECT OR O/D RESIGN M.E.G. PROFESSIONAL SHOTCRETE, INC.

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April 7, 2015

## FLORIDA DEPARTMENT OF STATE

Division of Corporations

M.E.G. PROFESSIONAL SHOTCRETE, INC.  
15250 S.W. 305TH STREET  
HOMESTEAD, FL 33030

SUBJECT: M.E.G. PROFESSIONAL SHOTCRETE, INC.  
REF: P05000116007

15 APR - 9 AM 6:35  
STATE OF FLORIDA  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

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We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The incorrect form was submitted. Please complete form pursuant to a Florida Profit Corporation, section 607.

If you have any questions concerning the filing of your document, please call (850) 245-6838.

Cheryl R McNair  
Regulatory Specialist II

FAX Aud. #: H15000084569  
Letter Number: 015A00006864

P.O BOX 6327 - Tallahassee, Florida 32314

44-15000084569

⑥  
Articles of Amendment  
to  
Articles of Incorporation  
of

M.E.G. PROFESSIONAL SHOTCRETE, INC.

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

P05000116007

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

*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**)

15520 SW 299 Street  
Homestead, FL 33033

C. Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

15520 SW 299 Street  
Homestead, FL 33033

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 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 with and accept the obligations of the 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 PTD 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:

Change PT John Doe

Remove V Mike Jones

Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>S</u>	<u>Yunior Acosta Gonzalez</u>	<u>15520 SW 299 Street</u> <u>Homestead, FL 33033</u>
2) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			

**E. If amending or adding additional Articles, enter change(s) here:**  
(Attach additional sheets, if necessary). (Be specific)

**F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself.  
(if not applicable, indicate N/A)**

The date of each amendment(s) adoption: 04/09/2015 \_\_\_\_\_ if other than the date this document was signed.

**Effective date if applicable:** 04/09/2015 *(no more than 90 days after amendment file date)*

Adoption of Amendment(s) **(CHECK ONE)**

The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided 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)

The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated 04/09/2015

**Signature**

(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)

MIGUEL A. ESTEVEZ

(Typed or printed name of person signing)

## **PRESIDENT**

(Title of person signing)