

Division of Corporations Electronic Filing Cover Sheet

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(((H09000242766 3)))



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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : AIT PLUS CONSULTING

Account Number : 120080000061 Phone

: (407)582-9830

Fax Number

: (407)582-9832

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please

|       |          | •    |  |  |
|-------|----------|------|--|--|
| Email | Address: | <br> |  |  |

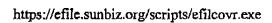
## COR AMND/RESTATE/CORRECT OR O/D RESIGN BELUCA CONSTRUCTION SERVICES CORP.

| Certificate of Status | 0       |
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Electronic Filing Menu

Corporate Filing Menu





## **COVER LETTER**

TO: Amendment Section Division of Corporations

| NAME OF CORPO                     | PRATION: BELUCA                            | A CONSTRUCTION SERV   | /ICES CORP.   |
|-----------------------------------|--|---|---|
| DOCUMENT NUM                      | IBER:                                      | P06000033362  |   |
| The enclosed Article              | s of Amendment and fee a                   | re submitted for filing.  |   |
| Please return all corr            | espondence concerning thi                  | s matter to the following:  |   |
|                                   |  | BERTO A LEGEY   |   |
|                                   | N  | ame of Contact Person   |   |
|                                   | BELUCA CONS                                | TRUCTION SERVICES COR   | P   |
|                                   | Firm/ Company                              |   |   |
|                                   | 5031                                       | DERECRINE AVE   |   |
|                                   | 5932 PEREGRINE AVE  Address                |   |   |
|                                   |  |   |   |
|                                   |  | RLANDO, FL 32819  | <u>-</u> _  |
|                                   | C  | ity/ State and Zip Code   |   |
|                                   | E-mail address: (to be used                | d for future annual report notification)                          |   |
| For further informati             | on concerning this matter,                 | please call:  |   |
| GILBE                             | ERTO A LEGEY                               | at ( 321 ) 3  | 88-6625   |
| Name of                           | f Contact Person                           | Area Code & Daytime Tel   | ephone Number   |
| Enclosed is a check t             | for the following amount m                 | ade payable to the Florida Depar                                  | tment of State:   |
| S35 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 |  | Street Address Amendment Section                                  |   |
| Division of C                     | Corporations                               | Division of Corporations  |   |
| P.O. Box 632<br>Tallahassee, 1    |  | Clifton Building 2661 Executive Center Circle                     | le  |
| 1 minimusous 1 22 424 17          |  | Tallahassee, FL 32301   |   |

850-617-6381

11/19/2009 9:42:57 AM PAGE 1/001 Fax Server



November 19, 2009

### FLORIDA DEPARTMENT OF STATE

BELUCA CONSTRUCTION SERVICES CORP. Division of Corporations
5932 PEREGRINE AVE

5932 PEREGRINE AVE ORLANDO, FL 32819

SUBJECT: BELUCA CONSTRUCTION SERVICES CORP.

REF: P06000033362

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.

You failed to make the correction(s) requested in our previous letter.

The date of adoption of each amendment must be included in the document.

PLEASE ADD THE DATE OF ADOPTION AT THE TOP OF PAGE 3.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6880.

Karen Gibson Document Specialist Supervisor FAX Aud. #: H09000242766 Letter Number: 609A00036014

11/18/2009 13:35 4075829832

AIT PLUS CONSULTING

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Fax Berver

November 17, 2009

FLORIDA DEPARTMENT OF STATE

BELUCA CONSTRUCTION SERVICES CORP. Division of Corporations 5932 PEREGRINE AVE ORLANDO, FL 32819

SUBJECT: BELUCA CONSTRUCTION SERVICES CORP.

REF: P06000033362

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 date of adoption of each amendment must be included in the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6892.

Tina Roberts Regulatory Specialist II FAX Aud. #: 809000242766 Letter Number: 209A00035811 4075829832

# **Articles of Amendment Articles of Incorporation**

## BELUCA CONSTRUCTION SERVICES CORP. (Name of Corporation as currently filed with the Florida Dept. of State) P06000033362

(Document Number of Corporation (if known)

|  | the corporation:  | The new                    |
|--|---|----------------------------|
| name must be distinguishable and contain to<br>abbreviation "Corp.," "Inc.," or Co.," or the<br>name must contain the word "chartered," "pro | the word "corporation," "company,<br>designation "Corp," "Inc," or "Co"<br>fessional association," or the abbrevi | " or "incorporated" or the |
| 3. Enter new principal office address, if app  |   |                            |
| Principal office address <u>MUST BE A STREE</u>  | T ADDRESS )   | <u>-</u>                   |
|  |   |                            |
| 3 5 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4  |   | <del></del> _              |
| Enter new mailing address, if applicables<br>(Mailing address MAY BE A POST OFFICE   |   |                            |
|  |   | *                          |
| •  |   | <u> </u>                   |
| ). If amending the registered agent and/or r   | egistered office address in Florida, c  | nter the name of the       |
| new registered agent and/or the new regis  |   |                            |
|  |   |                            |
| Name of New Registered Agent:  |   |                            |
| Name of New Registered Agent:  |   |                            |
| Name of New Registered Agent:  New Registered Office Address:  | (Florida street address)  |                            |
|  |   | , Florida                  |
|  |   | , Florida<br>Zip Code)     |

Page 1 of 3

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)

4075829832

| <u>Title</u> | <u>Name</u>   | <u>Address</u>   | Type of Action                  |
|--------------|---|--|---------------------------------|
| VP           | THIAGO GUIMARAES  | 5932 PEREGRINE AVE<br>ORLANDO, FL 32819  | ☑ Add<br>☐ Remove               |
|              |   |  | ☐ Add☐ Remove                   |
|              |   |  |                                 |
| (ancer a     | dditional sheets, if necessary). (Be sp   | ectiv)   |                                 |
|              |   |  |                                 |
|              |   |  |                                 |
| provisi      | mendment provides for an exchange, ions for implementing the amendmen not applicable, indicate N/A) | reclassification, or cancellation of the swendment in the awendment in the swendment in the | f issued shares,<br>ent itself: |
|              |   |  |                                 |
|              |   |  |                                 |
|              |   |  |                                 |

| The date of each amendme                          | nt(s) adoption: 11/17/2009  |
|---|---|
| Effective date <u>if applicable</u>               | (date of adoption is required)  |
| Effective date in applicable.                     | (no more than 90 days after amendment file date)  |
| Adoption of Amendment(s)                          | (CHECK ONE)   |
|   | vere adopted by the shareholders. The number of votes cast for the amendment(s) were sufficient for approval.   |
| The amendment(s) was/v must be separately provide | vere approved by the shareholders through voting groups. The following statemen ded for each voting group entitled to vote separately on the amendment(s):  |
| "The number of vote                               | es cast for the amendment(s) was/were sufficient for approval   |
| by  | (voting group)  |
|   | (voting group)  |
| The amendment(s) was/v action was not required.   | vere adopted by the board of directors without shareholder action and shareholder   |
| The amendment(s) was/v action was not required.   | were adopted by the incorporators without shareholder action and shareholder  |
| Dated_11.   | /17/2009  |
| Signature   |   |
| se  | y a director, president of other officer – if directors or officers have not been elected, by an incorporator – if in the hands of a receiver, trustee, or other court popointed fiduciary by that fiduciary) |
|   | PRESIDENT   |
|   | (Typed or printed name of person signing)   |
|   | GILBERTO A LEGEY  |
|   | (Title of person signing)   |
|   |   |