Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H130001432213)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name

: AIT PLUS CONSULTING

Account Number : I20080000061

: (407)582-9830

Phone Fax Number

: (407)294-7677

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

Email A	ddress:	
---------	---------	--

COR AMND/RESTATE/CORRECT OR O/D RESIGN

FPS CONSTRUCTION, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

Electronic Filing Menu Corporate Filing Menu

Help

COVER LETTER

Division of Cor					
NAME OF CODD	PRATION: FPS CON	STRUCTION, IN	C.		
DOCUMENT NUM	P0600006813	35			
	s of Amendment and fee are s	•	,		
Please return all corr	espondence concerning this ma	atter to the following:	•		
	MARIA PINHEIR	io			
	•	Name of Contact Perso			
	ALPHA BUSINE		IG, LLC		
		Firm/ Company			
	7022 CARLENE				
	ODLANDO EL 3	Address	,		
	ORLANDO, FL 32835 City/ State and Zip Code				
		City/ State and Zip Cod	5		
pir	heiromaria@att.n				
	E-mail address: (to be u	sed for future annual report	notification)		
For further information	on concerning this matter, plea	se call:			
MARIA PINH	HEIRO	at (407	, 582-9830		
Name	MARIA PINHEIRO Name of Contact Person at (407) 582-9830 Area Code & Daytime Telephone N		de & Daytime Telephone Number		
Enclosed is a check for	or the following amount made	payable to the Florida Depa	urtment 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)		
-	iling Address		Address		
	endment Section ision of Corporations		Amendment Section Division of Corporations		
P.O	. Box 6327	Clifton	Building		
Tall.	ahassee, FL 32314		xecutive Center Circle ssee, FL 32301		

Articles of Amendment to Articles of Incorporation of

	ently filed with the Florida De	pt. of State)	
P06000068135			
(Document Num	nber of Corporation (if known)	,	
Pursuant to the provisions of section 607,1006, as Articles of Incorporation:	Florida Statutes, this Florida Pi	cofit Corporation adopts the follow	ing amendmen
. If amending name, enter the new name of	the corporation:		
			The new
Corp.," "Inc.," or Co.," or the designation ord "chartered," "professional association," or Roter new principal office address, if apply	or the abbreviation "P.A."	rofessional corporation name mus	et contain the
Principal office address <u>MUST BE A STREE</u>	<u>('ADDRESS')</u> 		
	ets.		•
			
•			
Enter new mailing address, if applicable:			ن ببر
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC	<u></u>		_ 13 _
. Enter new mailing address. if applicable: (Mailing address <u>MAY BE A POST OFFIC</u>	<u></u>		13 JUH
. <u>Enter new mailing address, if applicable:</u> (Mailing address <u>MAY BE A POST OFFIC</u>	<u></u>		13 JUH 25
. <u>Enter new mailing address, if applicable:</u> (Mailing address <u>MAY BE A POST OFFIC</u>	<u></u>		13 JUH 25 P
(Mailing address MAY BE A POST OFFIC	E BOX)	ida, enter the name of the	13 JUH 25 PH
(Mailing address <u>MAY BE A POST OFFIC</u>	E BOX)	ida, enter the name of the	13 JUH 25 PH
(Mailing address MAY BE A POST OFFIC	E BOX)		13 JUH 25 PH
(Mailing address MAY BE A POST OFFICE If amending the registered agent and/or registered agent and/or the new registered agent and/or the new registered.)	E BOX) egistered office address in Flor		13 JUH 25 PH 1
(Mailing address MAY BE A POST OFFICE If amending the registered agent and/or registered agent and/or the new registered agent and/or the new registered.)	E BOX) egistered office address in Flor		13 JUH 25 PH
(Mailing address MAY BE A POST OFFICE If amending the registered agent and/or renew registered agent and/or the new registered Agent Name of New Registered Agent	E BOX) egistered office address in Flortered office address:		13 JUH 25 PH 1
(Mailing address MAY BE A POST OFFICE If amending the registered agent and/or registered agent and/or the new registered agent and/or the new registered.)	E BOX) egistered office address in Flortered office address:		13 JUH 25 PH
(Mailing address MAY BE A POST OFFICE If amending the registered agent and/or renew registered agent and/or the new registered Agent Name of New Registered Agent	E BOX) egistered office address in Flor tered office address; (Florida street address)	, Florida	13 JUN 25 PH 1
(Mailing address MAY BE A POST OFFICE If amending the registered agent and/or renew registered agent and/or the new registered Agent Name of New Registered Agent	E BOX) egistered office address in Flor tered office address; (Florida street address)	, Florida	13 JUN 25 PH
(Mailing address MAY BE A POST OFFICE If amending the registered agent and/or renew registered agent and/or the new registered Agent Name of New Registered Agent	E BOX) egistered office address in Flor tered office address: (Florida streat address) (City)	, Florida(Zip Code)	

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	PT Joh	nn Doe	
X Remove	<u>v Mi</u>	ke Jones	
_X Add	<u>SV</u> Şal	ly Smith	
Type of Action (Check One)	Title	Name	Address
1) Change	D	JEFFREY LEITE TORRES	2534 ROLLING BROAK DR
Add		·	ORLANDO, FL 32837
X Remove			
2) Change	D	WESLEY A ALVES	2534 ROLLING BROAK DR
Add		.,	ORLANDO, FL 32837
X Remove			
3) Change	<u>D</u>	JOAO OLIVEIRA	2534 ROLLING BROAK DR
X			ORLANDO, FL 32837
Remove			**
4) Change	Ð	ADEMIR F DE SOUZA	2534 ROLLING BROAK DR
X Add			ORLANDO, FL 32837
Remove			
f) Channa			
5) Change			·
Add			
Remove			
6) Change	· ·	····	
Add	•,		
Remove			

somer anomerous siletis, if isocountry).	icles, enter change(s) (Be specific)		
			,
			·
			
			4
	•	•	
			· · · · · · · · · · · · · · · · · · ·
	ANGE, PECIASAITICATION.	<u>or cancellation of i</u>	ssued snares.
an amendment provides for an excharge the ame	ndment if not contains	d in the amendmen	t itself:
an amendment provides for an excharge in a more implementing the amer (if not applicable, indicate N/A)	ndment if not containe	d in the amendmen	t itself:
provisions for implementing the ame	adment if not contains	d in the amendmen	t itself:
provisions for implementing the ame	ndment if not contains	d in the amendmen	t itself:
orovisions for implementing the amer (if not applicable, indicate N/A)	ndment if not contains	d in the amendmen	t itself:
provisions for implementing the ame	ndment if not contains	d in the amendmen	t itself:
orovisjons for implementing the amer (if not applicable, indicate N/A)	ndment if not contains	d in the amendmen	t iself:
orovisions for implementing the amer (if not applicable, indicate N/A)	ndment if not contains	d in the amendmen	t itself:
orovisions for implementing the amer (if not applicable, indicate N/A)	ndment if not contains	d in the amendmen	t itself:
orovisions for implementing the amer (if not applicable, indicate N/A)	ndment if not contains	d in the amendmen	t Itself:
orovisions for implementing the amer (if not applicable, indicate N/A)	ndment if not contains	d in the amendmen	t itself:
	ndment if not contains	d in the amendmen	t itself:
orovisions for implementing the amer (if not applicable, indicate N/A)	ndment if not contains	d in the amendmen	t itself:

The date of each amendment(s) adoption: 06/21/2013
Effective date if applicable: 06/21/2013
(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
voing 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 06/2 ₁ 1/2013
Signature Suul Lucio Gund
(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)
JAMIR ELIAS SWAID
(Typed or printed name of person signing)
PRESIDENT
(Title of person signing)