## PO6000113327

(Re	equestor's Name)	
(Ad	dress)	
<b>(</b> Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
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**C LEWIS** 

## **COVER LETTER**

Division of Corpora	tions	
NAME OF CORPORA	TION: ONE Stop GENERAL CONTRACTOR, I	inc.
DOCUMENT NUMBER	R: P06000113327	
The enclosed Articles of	Amendment and fee are submitted for filing.	
Please return all correspo	ondence concerning this matter to the following:	
	Name of Contact Person PRO Accounting and FM SX44 our Firm/Company 1925 NG 48th STRGGT STG H128  Address FORT Landards/E PC 33308 City/State and Zip Code	
	Name of Contact Person	
	The Accounting and the Social on	u Jar
	Firm/ Company	
	1925 NG 454 STRGGT STG 4128	
	Address	
	topt Lautendole PC 33308	
	City/ State and Zip Code	
	100 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	E-mail address: (to be used for future annual report notification)	
For further information c	concerning this matter, please call:	
Luis	E. Torres at 954 60-0673  Contact Person Area Code & Daytime Telephone Number	
Name of	Contact Person Area Code & Daytime Telephone Number	
Enclosed is a check for t	he following amount made payable to the Florida Department of State:	
■ \$35 Filing Fee	Certificate of Status  Certified Copy  (Additional copy is enclosed)  Certified Copy  (Additional Copy is enclosed)	

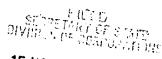
Mailing Address

TO: Amendment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address
Amendment Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of



15 NOV 23 PM 1: 11

() NE Stop GENERA	Cowdenctor, INC.
(Name of Corporation as currently	filed with the Florida Dept. of State)
P06000113327	
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or "Cword "chartered," "professional association," or the abbreviation "F	" "company," or "incorporated" or the abbreviation or 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 <u>MAY BE A POST OFFICE BOX</u> )	
D. If amending the registered agent and/or registered office address:	ss in Florida, enter the name of the
Name of New Registered Agent	
Nume of Ten resistered 115	
(Florida stre	et 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 w	ith and accept the obligations of the position.
,	
Signature of New Re	raistered 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: X Change	<u>PT</u> <u>John</u>	n Doe	
X Remove	<u>V</u> <u>Mik</u>	ce Jones	
X Add	<u>SV</u> <u>Sall</u>	y Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	VA	Giorgi Ara	11514 SW 17587
_ <b>X</b> _ Add			
Remove			MIAMI PC 33157
2) Change			
Add			
Remove			
3)Change	-	•	
Add			
Remove			
4) Change	<del></del>		
Add			
Remove			
5) Change			
Add			
Remove			
6) Change	<del></del>		
Add			
Remove			

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)		
		<u></u>	
· · · · · · · · · · · · · · · · · · ·			
, <u>, , , , , , , , , , , , , , , , , , </u>			
If an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	ange, reclassification, or candment if not contained in	ncellation of issued sh the amendment itself:	aares.

•			\$ e	
The date of each amendment(s) adoption:	11/19	12015	<u> </u>	ian the
date this document was signed.		1	Olylorgy of Cont. Cont.	1M
Effective date <u>if applicable</u> :	no more than 90 a	9 2015 lays after amendment fi	15 NOV 23 PH L	
Note: If the date inserted in this block does not a document's effective date on the Department of Sta	meet the applicab ite's records.	le statutory filing requ	irements, this date will not be listed	as the
Adoption of Amendment(s) (CHEC	CK ONE)			
The amendment(s) was/were adopted by the sha by the shareholders was/were sufficient for app		umber of votes cast for	the amendment(s)	
The amendment(s) was/were approved by the sh must be separately provided for each voting gro				
"The number of votes cast for the amendn	nent(s) was/were s	sufficient for approval		
by		, 1:	~	
by	group)			
The amendment(s) was/were adopted by the boa action was not required.  The amendment(s) was/were adopted by the inc				
action was not required.				
Dated 11-19-2015 Signature (Rya director, preside		- if directors or office	s have not been	
	orator – if in the h	ands of a receiver, trus		
本	UAN	MESA me of person signing)		
(Ту	ped or printed nar	me of person signing)		
Y	nesident	, Direc	for	
	(Title of	person signing)		