P06000125485

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
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COVER LETTER

Division of Corporations
NAME OF CORPORATION: CONSTRUCTION BUSINESS SOLUTIONS, INC. DOCUMENT NUMBER: PO6000125485
DOCUMENT NOMBER.
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Pesta Travieso Name of Contact Person
Construction Business solutions, Inc
Firm/ Company
CONSTRUCTION BUSINESS SOLUTIONS, INC Firm/Company 6469 PW 1977 LA
Hallah FL 33015 City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Pestor Travieso au 786, 447-7501
Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee

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

Construction Bu	osiness Solutions, Inc
(Name of Corporation as currently fi	iled with the Florida Dept. of State)
PC600013	5485
(Document Number of Co	orporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida</i> Statutes, the statutes of the sta	orida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
PIA	The new
name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or "Co word "chartered," "professional association," or the abbreviation "P.:	". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	N A
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	s in Florida, enter the name of the
Name of New Registered Agent	IA.
New Registered Office Address: (C)	A Florida V A
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with	h and accept the obligations of the position.
Signature of New Reg.	isibred Agent, if changing 57

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>	John Doc	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) \(\sum_{\text{change}} \) Change	P	<u> Pestar Traviesa</u>	10 6469 PW 197 LA Harran FL 3301
Add			marran fl 3301
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

ttach additional sheets, if n				
	PIA			
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an amendment provides	for an exchange, reclassifi	cation, or cancellation	of issued shares,	
provisions for implementi	ng the amendment if not co	ontained in the amend	ment itself:	
(if not applicable, indic	rate N/A)			
	PA			
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				···-

The date of each amendment(s) adoption: date this document was signed. Effective date if applicable:	9 77 2018 if other than the
Note: If the date inserted in this block do document's effective date on the Departmen	es not meet the applicable statutory filing requirements, this date will not be listed as the t of State's records.
Adoption of Amendment(s)	<u>CHECK ONE</u>)
The amendment(s) was/were adopted by by the shareholders was/were sufficient	the shareholders. The number of votes cast for the amendment(s) for approval.
	y the shareholders through voting groups. The following statement ting group entitled to vote separately on the amendment(s):
"The number of votes cast for the a	mendment(s) was/were sufficient for approval
by	(voting group)
☐ The amendment(s) was/were adopted by action was not required.	the board of directors without shareholder action and shareholder
Dated 9 3	president or other officer – if directors or officers have not been incorporator – if in the hands of a receiver, trustee, or other court ciary by that fiduciary)
	(Typed or printed name of person signing)
	President
	(Title of person signing)