## P06000125485

(Re	equestor's Name)	
(Ad	ldress)	
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(Ci	ty/State/Zip/Phone	#)
_		
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
Opecial instructions to	Tilling Officer.	





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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	ATION: CONSTYUC	ction Busi	Elsa	Solutions, =	Inc	
DOCUMENT NUMB	er: <u>P06000</u>	125485				
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.				
Please return all corres	pondence concerning this ma	tter to the following:				
-	Pesto( Construction	TYAUILSO  Name of Contact Perso  ON BUSINES  Firm/ Company  YW 197 <sup>47</sup>	3 301 LN	utions, In	C	
	Haleah  Email address: (to be us	Address  L 32  City/ State and Zip Cod  City/ State and Zip Cod  City/ State and Zip Cod  City/ State and Zip Cod		<u> </u>		
<u> </u>	TYOULUSO	se call: at (_786	_ <sub>)</sub> _44-	7501 Telephone Number	- 188 139 <b>8.</b>	5 X3 Y2 PF 14
	the following amount made		·	·	₹H: 30	
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Certifie Certifie	Filing Fee ate of Status I Copy mal Copy	:3 :3	ADKS ADE
Mail	ing Address	Street	Address			

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

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

## Articles of Amendment

to

## Articles of Incorporation

 $\mathbf{of}$ 

COUSTINCTION BUSINESS	, solutions, Inc.	
(Name of Corporation as currently f	filed with the Florida Dept, of State)	
P06000 17	75485	
(Document Number of C		
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Flo</i> its Articles of Incorporation:	orida Profit Corporation adopts the following amendment(s	s) to
A. If amending name, enter the new name of the corporation:		
NA	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.,  B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	" "company," or "incorporated" or the abbreviation o". A professional corporation name must contain the	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	PA 907 25 M	
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	is in Florida, enter the name of the	ल जिल्ला जिल्ला जिल्ला
Name of New Registered Agent P	A	
ì	ı	
(Florida street	t qddress)	
New Registered Office Address:	A	
(C)	in) (Zip (bde)	
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I am familiar with	A	
Signature of New Regi	gistered 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)

\_ Remove

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: XChange	PT John	Doe	
X Remove	<u>V</u> <u>Mike</u>	: Jones	
_X Add	<u>SV</u> <u>Sally</u>	<u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	Hanage/	PESTO1 Travilso	469 NW 1977 LA Hializah, fl 33015
Add			Hallah, +1 33015
<u>X</u> Remove			
2) Change			<del></del>
Add			
Remove			
3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			
51 Change			
Add			
Remove			
6) Change			
Add			

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:	0	20	901 <u>0</u>	, if other than the	
date this document was signed.  Effective date if applicable:		20	3018		
	(no more	than 90 d	lays after amendment file d	ate)	
<b>Note:</b> If the date inserted in this block does a document's effective date on the Department of			le statutory filing requiren	ents, this date will not be listed as the	
Adoption of Amendment(s) (CI	IECK <u>ONE</u>	)			
The amendment(s) was/were adopted by the by the shareholders was/were sufficient for		s. The nu	imber of votes cast for the	amendment(s)	
☐ The amendment(s) was/were approved by the must be separately provided for each voting					
"The number of votes cast for the ame	ndment(s) w	as/were s	ufficient for approval		
by			<b></b> ,"		
(vo	ting group)				
☐ The amendment(s) was/were adopted by the action was not required.	board of dir	ectors wi	thout shareholder action ar	d shareholder	
☐ The amendment(s) was/were adopted by the action was not required.	incorporato	rs withou	t shareholder action and sh	areholder	
Dated	20	301	3 (N)		
Signature				<del></del>	
(By a director, pres selected, by an inc appointed fiduciary	orporator – i	f in the h	<ul> <li>if directors or officers ha ands of a receiver, trustee,</li> </ul>	ve not been or other court	
	PRST	15	Travieso		
	(Typed or page	rinted nar	me of person signing)		
		Pres	sident		
(Title of person signing)					