P06000130641

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SECRETARY OF SAMI

Amend N.C. C.COULLIETTE

SEP 25 2009

EXAMINER

COVER LETTER

 $\widehat{\bullet}_{i} \leftrightarrow \infty,$

Tallahassee, FL 32314

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: Bora Fize Title of Florida
DOCUMENT NUMBER: 906000 30641
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Jorge A SAFont Name of Contact Person
Bona File Construction and Maintenance Firm/Company
16400 NW Sam Aue Address
Miami Lakes, FL 33014 City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Torge A SAFont at (305) 216-0278 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 AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

Bona	Fide	7;41e	7.o_	Florida	Inc	
Bona Fide Title of Florida Inc (Name of Corporation as currently filed with the Florida Dept. of State)						
	_	1001306				

(Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006, Florida amendment(s) to its Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following				
A. If amending name, enter the new name of the corp	oration:				
	"corporation," "company," or "incorporated" or the ion "Corp," "Inc," or "Co". A professional corporation association," or the abbreviation "P.A."				
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRE	16400 NW 59th Avenue Miami, FL 33014				
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	16400 NW 59th Avenue Miami FL 33014				
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:					
. Name of New Registered Agent:					
New Registered Office Address:	(Florida street address)				
	(City) (Zip Code)				
New Registered Agent's Signature, if changing Registe I hereby accept the appointment as registered agent. I am	red Agent: n familiar with and accept the obligations of the position				

Signature of New Registered 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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
16	Oscar Gonzalez	2719 SW 130 Fevr Miramon FL 33027	∠ Z Add □ Remove
			Add Remove
	ding or adding additional Articles, enter additional sheets, if necessary). (Be speci		
provisi	mendment provides for an exchange, recons for implementing the amendment if not applicable, indicate N/A)	elassification, or cancellation of iss not contained in the amendment i	ued shares, tself:
·			
			-

The date of each amendment(s) adoption:	
Effective date if applicable: 09 114 09	
(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 case by the shareholders was/were sufficient for approval.	st for the amendment(s)
The amendment(s) was/were approved by the shareholders through voting groups. must be separately provided for each voting group entitled to vote separately on the	
"The number of votes cast for the amendment(s) was/were sufficient for appro-	val
by"	
by" (voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action was not required.	action and shareholder
The amendment(s) was/were adopted by the incorporators without shareholder action was not required.	on and shareholder
Dated 9 14 109	
Signature (By a director, president or other officer – if directors or officed, by an incorporator – if in the hands of a receiver, to appointed fiduciary by that fiduciary)	
Torge A SAFONT (Peped or printed name of person signing)	
(Title of person signing)	