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SECRETARY OF STATE OF VISION OF CORPORATIONS

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COVER LETTER

TO: Amendment Section

Tallahassee, FL 32314

- Division of Corporations
NAME OF CORPORATION: JJCONtruction o Forlando. CO
DOCUMENT NUMBER: P 07000061679
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Edwin J. VELEZ
Name of Contact Person
JJ Contraction of Orlando. CO
Firm/ Company
GOOD WOODS AVE
Address
ORlando FL 32809 City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Contact Person at (407) 953-0378 Area Code & Daytime Telephone Number
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 \$\bigcup \$43.75 Filing Fee & Certificate of Status \$\bigcup \$43.75 Filing Fee & Certificate of Status \$\bigcup \$Additional copy is enclosed \$\bigcup \$Additional Copy is
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



JJ Contruction of Orlando. Co

P070006[679

(Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name o	f the corporation	n:	
name must be distinguishable and contain			The new
name must be distinguishable and contain abbreviation "Corp.," "Inc.," or Co.," or the name must contain the word "chartered," "pro	e designation "Co	orp," "Inc," or "Co". A professition," or the abbreviation "P.A.	sional corporation
B. Enter new principal office address, if app (Principal office address MUST BE A STREE		6009 WOODS AV	<u>.</u> 1
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFFI		Sameas Ab	0 V E
D. If amending the registered agent and/or			me of the
new registered agent and/or the new regi	7) A		
Name of New Registered Agent:	<u> Low</u>	n J Velez	
New Registered Office Address:	(Flori	2000S AVE da street address)	
	ORlando	, Florida (Zip Code)	32809
	(City)	(Zip Code)	
New Registered Agent's Signature, if changi			
I hereby accept the appointment as registered of	agent. Mam fami	liar with and accept the obligation	ns of the position.
	Signature of New	Registered Agent if changing	-

(Attach ad	ditional sheets, if necessary)		
Title	Name Carlos Russe	Address 6009 Woods Ave. Orlando, Fl 32809	Type of Action _ □ Add _ □ Remove
7P	Alexis J. Velez	Leog Woods Ave Orlando, FL 32109	- _ ☐ Add _ ☐ Remove
VP.	Joseph Dlaz	4009 Woods Ave. OHando, Fl 32009	
	nding or adding additional Articles, enter additional sheets, if necessary). (Be spec		
Region I Ed	tered Agent Amendme tered Agent: Edwin win J. Velez, accept uliar with the obligat	J. Velez W Add the appointment au	nd am
provis (if	imendment provides for an exchange, reions for implementing the amendment in not applicable, indicate N/A) Shake Arc	f not contained in the amendment	

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:

The date of each amendment(s) adoption: 4130109
(date of adoption is required)
Effective date if applicable:
(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(by the shareholders was/were sufficient for approval.
The amendment(s) was/were approved by the shareholders through voting groups. The following statem 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"
by
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
Signature J. U
(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)
Edwin J. UELEZ (Typed or printed name of person signing)
President
(Title of person signing)