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JUL 25 2017

COVER LETTER

TO: Amendment Section

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

NAME OF CORPOR	ATION: PRSAUD	CONSTRUCTION	1 MANAGEHENT
DOCUMENT NUMB	er: <u>P080000</u>	1.327	
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:	
	DAVEN	AND (ERSAN	<u> </u>
	PERSITU	Name of Contact Person Const. Me	<u> </u>
_	B 4593	Firm/ Company	
	WELLNGTE	Address かん E1・3344	!5
	E-mail address: (to be us	Address F/-3344 City/ State and Zip Code March Code Ged for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
DAVE		at (561) 667 - 7249 de & Daytime Telephone Number
Name o	f Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made [payable to the Florida Depa	artment of State:
\$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame	ing Address ndment Section sion of Corporations	Amend	Address ment Section on of Corporations

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment

Articles of It	
	M =
I ERSAUD (ONSTRUCT	tly filed with the Florida Dept. of State)
100 x 400 x 10 x 11	
(OS COLLO 50 (Document Number	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s) to
. If amending name, enter the new name of the corporation:	A/Δ
	The new
name must be distinguishable and contain the word "corporati "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	on," "company," or "incorporated" or the abbreviation "Co". 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
	<u>'</u>
Enter new mailing address, if applicable:	. 1
(Mailing address MAY BE A POST OFFICE BOX)	3/4
. If amending the registered agent and/or registered office add	
new registered agent and/or the new registered office addres	<u>ss:</u>
Name of New Registered Agent \(\frac{\sigma/\sigma}{\sigma} \)	
(Florida s	treet address)
New Registered Office Address: 11 8	, Florida
	(City) (Zip Code)
law Dagistared Agent's Signature if shanning Designary	*•
lew Registered Agent's Signature, if changing Registered Agen hereby accept the appointment as registered agent. I am familiar	
-	
11	
N/S	Revistered Avent, if changing
Authante of New	NEVINGERA AUPRI A ERANGINO

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	PT John Doe		
X Remove	<u>V</u> <u>Mike Jones</u>		
X Add	SV Sally Smith		
Type of Action (Check One)	<u>Title</u> <u>Name</u>	Address	
1) X _Change	S DAIRAN	LESAUD 13504	EXOTICA LN. WellingTon Fl. 33419
X Add	S DAIRANI	Persaud 10785 Paso	FINS DR. Wellington Fl. 33449
Remove			
2) Change			
Add			· · · · · · · · · · · · · · · · · · ·
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Art (Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
N/A	
7/	
<u> </u>	
If an amendment provides for an excl	hange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	endment if not contained in the amendment itself:
1/1	

The date of each amendment(s) adoption: 1617 date this document was signed.	_, if other than the
Effective date if applicable: $\sqrt[N]{b}$ (no more than 90 days after amendment file date)	
(no more than 30 days after amenament file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.	not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement 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" (voting group)	
☐ 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 7617 Signature	<u></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)	
DAVENAND PERSAUD	<u></u>
(Typed or printed name of person signing)	
(Title of person signing)	