## PD8000013507

(Re	questor's Name)			
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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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I ALBRITTON

## COYER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

	<b></b>			
	PAIZ CONS BER: P0800001350	<del> </del>	RVICE,CORP	
	of Amendment and fee are sui			
Please return all corre	spondence concerning this mat	ter to the following:		
	OSCAR E. PAIZ			
		Name of Contact Person		
	PAIZ CONSTRUCTION SERVICE, CORP			
		Firm/ Company		
	3528 NW 2ND ST	• •		
		Address		
	MIAMI, FL 33125			
•		City/ State and Zip Code	c	
pai	zconstruction@gn	nail.com		
<u>·</u>		ed for future annual report	notification)	
For further information concerning this matter, please call:				
JACKLIN PA	JZ	<sub>at (</sub> 786	, 236-8574	
Name	of Contact Person		de & Daytime Telephone Number	
Enclosed is a check for	or the following amount made p	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)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
	iling Address	Street Address		
Amendment Section		Amendment Section		
Division of Corporations P.O. Box 6327		Division of Corporations		
F.O. DOX 0327		Clifton Building		

2661 Executive Center Circle Tallahassee, FL 32301



September 15, 2015

OSCAR E. PAIZ PAIZ CONSTRUCTION SERVICE, CORP. 3528 NW 2ND STREET MIAMI, FL 33125

SUBJECT: PAIZ CONSTRUCTION SERVICE, CORP

Ref. Number: P08000013507

We have received your document for PAIZ CONSTRUCTION SERVICE, CORP and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is P15000074484 - PAIZ CONSTRUCTION AND ROOFING SERVICES CORP.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 715A00019444

Dissolving P15-74484 ruleasing mame to be used. Florida Division of Corporations

Re: P0800001350 & P15000074484

October 22, 2015

I, Oscar Paiz am the owner of Paiz Construction and Roofing Services Corp. I have no intention of revoking the dissolution of this company, My intention was to do an amendment to add "Roofing" to my current company name of Paiz Construction Services Corp. I am releasing the name to be used. Should you have any questions, please do not hesitate to contact me at 786-236-8574 or centerjackie@hotmail.com.

Thank you.

Sincerely,

Oscar Paiz

## Articles of Amendment to . Articles of Incorporation of

PAIZ CONSTRUCTION SERVICE, CORP	
(Name of Corporation as currently filed with the Florida Dept. of State)	
P08000013507	
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> its Articles of Incorporation:	adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
PAIZ CONSTRUCTION AND ROOFING SERVICE, COR	The new
name must be distinguishable and contain the word "corporation," "company," or "inco "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corp word "chartered," "professional association," or the abbreviation "P.A."	rporated" or the abbreviation
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
	201 TAL
C. Enter new mailing address, if applicable:	ZOIS OCT 22 SECRETARY ALLAHASSE
(Mailing address MAY BE A POST OFFICE BOX)	DCI 22 AH S RETARY OF SI SHASSEE FLO
D. If amending the registered agent and/or registered office address in Florida, enter the new registered agent and/or the new registered office address:	name of the ORALLA STATE
Name of New Registered Agent	<u></u>
(Florida street address)	
New Registered Office Address: , Flori	<del></del>
(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I am familiar with and accept the obligations.	ions of the position.
Signature of New Registered Agent, if changing	<del></del>

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><b>b.</b>L</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	VP	JACKELIN PAIZ	3528 NW 2ND STREET
XAdd			
Remove			
2) Change			
Add			
Remove			
3) Change		<del></del>	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

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tach additional sheets, if necessary).	rticles, enter change(s) here: ). (Be specific)	
an amendment provides for an ex provisions for implementing the ar	xchange, reclassification, or cancellation of issued shares, mendment if not contained in the amendment itself:	
(if not applicable, indicate N/A)	)	

	09/08/2015	ie al materiale.
The date of each amendmented date this document was signed.	(s) adoption:	, if other than the
_	09/09/2015	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	<del></del>
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/wer by the shareholders was/we	e adopted by the shareholders. The number of votes cast for the amendment(s) are sufficient for approval.	
	e approved by the shareholders through voting groups. The following statement d 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	(voting group)	
	(voting group)	
☐ The amendment(s) was/wer action was not required.	re adopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/wer action was not required.	re adopted by the incorporators without shareholder action and shareholder	
09	/08/2015	
Signature		
se	by a director, president or other officer – if directors or officers have not been elected, by an incorporator – if in the hands of a receiver, trustee, or other court oppointed fiduciary by that fiduciary)	
	OSCAR E. PAIZ	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	<del></del>