P08000086748

(Red	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bus	siness Entity Nar	me)
(Doc	cument Number)	
Certified Copies	_ · .Certificates	s of Status
Special Instructions to I	iling Officer:	į
	•	

Office Use Only



000160451550

09/14/09--01030--010 **35.00

69 SEP 14 AM 9: 04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

alian alian

COVER LETTER

TO: Amendment Section Division of Corporations

The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: OMAR H. BARACCO Name of Contact Person Construction Resources of South Florida, Inc. Firm/ Company 25801 SW 138 COURT Address HOMESTEAD FL 33032 City/ State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: OMAR H. BARACCO 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: S35 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certificate Copy (Additional copy is enclosed)	ction Resources of South Florida, Inc.	
Please return all correspondence concerning this matter to the following: OMAR H. BARACCO Name of Contact Person Construction Resources of South Florida, Inc. Firm/ Company 25801 SW 138 COURT Address HOMESTEAD FL 33032 City/ State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: OMAR H. BARACCO at (305) Name of Contact Person Area Code & Daytime Telephone Number Cenclosed is a check for the following amount made payable to the Florida Department of State: State of State and State (Certificate of Status) Certificate of Status Certificate Copy (Certificate Copy (Additional copy is enclosed))		
OMAR H. BARACCO Name of Contact Person Construction Resources of South Florida, Inc. Firm/ Company 25801 SW 138 COURT Address HOMESTEAD FL 33032 City/ State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: OMAR H. BARACCO 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: Significant States (2) \$43.75 Filling Fee & States (2) \$43.75 Filling Fee & Certificate of Status (2) Certificate Copy (2) Certificate Copy (3) Certificate Copy (4) Certificate C		
Construction Resources of South Florida, Inc. Firm/ Company 25801 SW 138 COURT Address HOMESTEAD FL 33032 City/ State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: OMAR H. BARACCO Name of Contact Person Area Code & Daytime Telephone Number Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: S35 Filing Fee Certificate of Status Certified Copy Certificate of Status Certified Copy Certificate of Status Certified Copy		
Construction Resources of South Florida, Inc. Firm/ Company 25801 SW 138 COURT Address HOMESTEAD FL 33032 City/ State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: OMAR H. BARACCO 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: \$\frac{1}{2}\$35 Filing Fee \$\frac{1}{2}\$43.75 Filing Fee & \$\frac{1}{2}\$52.50 Filing Fee & \$\frac{1}{2}\$52.50 Filing Fee & \$\frac{1}{2}\$67 Certificate of Status (Additional copy is enclosed)		
State and Zip Code		
Address HOMESTEAD FL 33032 City/ State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: OMAR H. BARACCO at (305) 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: State State State State Certified Copy (Additional copy is enclosed) Certified Copy (Additional copy is enclosed)		
HOMESTEAD FL 33032 City/ State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: OMAR H. BARACCO at 305 970-8413 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: \$\square\$		
HOMESTEAD FL 33032 City/ State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: OMAR H. BARACCO at (305) 970-8413 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: \$\square\$\$\$\$35 Filing Fee \text{Certified Copy} \$		
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: OMAR H. BARACCO at (305) 970-8413 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: State: \$35 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is enclosed) Certified Copy		
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: OMAR H. BARACCO at 305 970-8413 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: State Certificate of Status Certified Copy Certificate of Status (Additional copy is enclosed) Certified Copy Certified Copy		
For further information concerning this matter, please call: OMAR H. BARACCO 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: State: State: State: State: Certificate of Status Certified Copy Certificate of Status (Additional copy is enclosed)		
OMAR H. BARACCO 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: State: \$\sum_{\text{S35}}\$ Filing Fee Certificate of Status \$\sum_{\text{Certified Copy}}\$ Certificate of Status \$\sum_{\text{Certified Copy}}\$ Certified Copy		
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: \$\sumset\$ \$\\$35 \text{Filing Fee} \\$43.75 \text{Filing Fee} \\$52.50 \text{Filing Fee} \q		
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		
✓ \$35 Filing Fee		
Certificate of Status Certified Copy Certificate of Statu (Additional copy is enclosed) Certified Copy		
	atus	
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Construction Resources of So	outh Florida, Inc.	
(Name of Corporation as currently filed with	h the Florida Dept. of State)	
P08000086748	8	
(Document Number of Corpora	ation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statu amendment(s) to its Articles of Incorporation:	utes, this Florida Profit Corporation adop	pts the following
A. If amending name, enter the new name of the corporati	ion:	
N/A		The new
name must be distinguishable and contain the word "corabbreviation "Corp.," "Inc.," or Co.," or the designation "Contain the word "chartered," "professional assoc	Corp," "Inc," or "Co". A professional co	d" or the
B. Enter new principal office address, if applicable:	25801 SW 138 COURT	_
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	HOMESTEAD FL 33032	
	TOMESTEAD 1E 33032	8
		33. 33.
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A SSEE, FILO	FILED P 14 AM 9:
D. If amending the registered agent and/or registered office	e address in Florida, enter the name of the	f. 2
new registered agent and/or the new registered office ad	ddress:	
Name of New Registered Agent:		
New Registered Office Address: (Flor	rida street address)	
	, Florida	
(City)		 -
New Registered Agent's Signature, if changing Registered A	Agent:	
I hereby accept the appointment as registered agent. I am fam	niliar with and accept the obligations of the	position.
Signature of New	w 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>	<u>Address</u>	Type of Action
N/A			
			☐ Add
			
(attach a	ding or adding additional Articles, e dditional sheets, if necessary). (Be s		
N/À			
			
_			
F. If an ar	nendment provides for an exchange,	reclassification, or cancell	ation of issued shares.
provisi	ons for implementing the amendmen	t if not contained in the am	endment itself:
-	oot applicable, indicate N/A)		
N/A			
-			

The date of each amendment(s) adoption: 08/24/2009		
Effective date <u>if applicable</u> :	(date of adoption is required)	
Effective date it applicable	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
	were adopted by the shareholders. The number of votes cast for the amendment(s) were sufficient for approval.	
	vere approved by the shareholders through voting groups. The following statement ded for each voting group entitled to vote separately on the amendment(s):	
"The number of vote	s cast for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
action was not required.	vere adopted by the board of directors without shareholder action and shareholder vere adopted by the incorporators without shareholder action and shareholder	
Dated Signature _	08/24/2009 Janusauro	
(E	by a director, president or other officer – if directors or officers have not been lected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)	
-r	OMAR H. BARACCO	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	