P10000095834

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: FO COUST	ZUCTION CONSULTING INC			
DOCUMENT NUMBER:P\00000 9583	34			
The enclosed Articles of Amendment and fee are s	submitted for filing.			
Please return all correspondence concerning this m	natter to the following:			
CARLOS	A PERIANDEZ-DOVILA Name of Contact Person			
	Name of Contact Person			
FO CONSTRUCTION CONSULTING INC				
2621 NU	IIGTH TEELOCE			
2324 AM	Address			
	2606			
<u> </u>	City/ State and Zip Code			
	City, State and Zip Code			
FOLONISTO	VILONTEAN & GMAIL. COM			
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, ple	ase call:			
CARWG G FERLANDER DAVILA	at (786) 229 - 9938			
Name of Contact Person	at (<u>784</u>) <u>729 - 9938</u> Area Code & Daytime Telephone Number			
Enclosed is a check for the following amount made	e payable to the Florida Department of State:			
\$35 Filing Fee	S43.75 Filing Fee & S52.50 Filing Fee Certified Copy Certificate of Status (Additional copy is enclosed) (Additional Copy is enclosed)			
Mailing Address Amendment Section	Street Address Amendment Section			
Division of Corporations	Division of Corporations			
P.O. Box 6327	The Centre of Tallahassee			
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			

Articles of Amendment to Articles of Incorporation of

FD CONSTRUCTION CONSULTING INC	- · · - ·
(Name of Corporation as curren	tly filed with the Florida Dept. of State)
P100000 95834	
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporation:	
H/N	77
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". "chartered." "professional association." or the abbreviation "P.A.	A professional corporation name must contain the word
B. Enter new principal office address, if applicable:	SOME
(Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	3170 LORAL WAY
	APT ISIS
	LORAL GABLES, FL 33145
D. If amending the registered agent and/or registered office add	
new registered agent and/or the new registered office addres	<u>s:</u>
Name of New Registered Agent SAME	,
(Florida st	reet address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agen hereby accept the appointment as registered agent. I am familiar	t: with and accept the obligations of the position
noredy decept the appointment at regarded agent. I am jummar	wan and accept the timigations by the position.
	2
	Registered Agent, if changing
Signature of New I	Registered Agent, if changing
Check if applicable	-
The amendment(s) is/are being filed pursuant to s. 607.0120 (11)	
	<u> </u>

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>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	VP	MIKELSUGE OLBEL	1961 NE 25TH AV
<u>✓</u> Add			POMPONO BEACH FL 33062
Remove			·
2) Change	_		
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			1
Remove			

If amending of (Attach addition)	r adding additiona nal sheets, if necesse	l Articles, enter c ury). (Be specifi	:hange(s) here:			
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y PK		·				
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If an amendm	ent provides for an r implementing the	exchange, reclas	sification, or car	ncellation of issu	ed shares,	
(if not ap)	plicable, indicate N/	A)	or contained in t	<u>ne amenument i</u>	isen.	
		,				
<u> </u>		 				
• •						
 						
				 		

The date of each amendment(s) adoption:	, if other than the
Effective date if applicables	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will a 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 incorporators, or board of directors without shareholder action and s action was not required.	hareholder
☐ 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	3 n 7
(voting group)	9071 AUS 10
Dated 08 04 2021	10
a h	PH
Signature (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)	3: 11
CARLOS GERSROO FERNIANDEZ DAVILA	
(Typed or printed name of person signing)	
Plasified ((Title of person signing)	

FD CONSTRUCTION CONSULTING INC	1351 63-1482/670 976
Pay to the FLORIDS DEPOSITION OF STATE THICTY FIVE "/IN	\$ 35.72 Dollars @
Bank America's Most Convenient Bank*	
For ANUALOMENT	7151
1:0670148221: 4256402797#	351

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