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| (Re | questor's Name) | |
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| (Cit | ty/State/Zip/Phon | e #) |
| PICK-UP | ☐ WAIT | MAIL |
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| . (Do | cument Number) | 1 |
| Certified Copies | _ Certificate: | s of Status |
| Special Instructions to | Filing Officer: | |
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D CUSHING

COVER LETTER

TO: Amendment Section
Division of Corporations

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

| NAME OF CORPO | DRATION: MEZZA CONSTR | LUCTION SERVICES, INC | c. | | | |
|------------------------|---|--|--|---------------|----------------|--|
| DOCUMENT NUM | 1BER: P11000089232 | | | | | |
| The enclosed Article | es of Amendment and fee are su | bmitted for filing. | | | | |
| Please return all corr | espondence concerning this ma | tter to the following: | | | | |
| | PATRICIA S MIRANDA | | | | | |
| | | Name of Contact Perso | n | | | |
| | MEZZA CONSTRUCTION | SERVICES,INC. | | | | |
| | | Firm/ Company | | | | |
| | 9421 SANTA ROSA DRIVE | | | | | |
| | | Address | | | | |
| | TAMARAC, FL 33321 | | • | | | |
| | | City/ State and Zip Cod | e | | | |
| patty | ymiranda92@yahoo.com | | | VLITA SECR | 6 A | |
| - · · · · | E-mail address: (to be us | sed for future annual report | notification) | | S S | Contraction of the Contraction o |
| For further informati | on concerning this matter, pleas | se cail: | | | AUG -1 PH 3:47 | |
| PATRICIA''S MIR | ANDA | at (| 691-5403 | æj | ب 1- | • |
| Name | of Contact Person | \ | ode & Daytime Telephone N | umber | | |
| Enclosed is a check f | for the following amount made | payable to the Florida Depa | artment of State: | | | |
| \$35 Filing Fee | ☐\$43.75 Filing Fee & Certificate of Status | □\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) | | | |
| | niling Address nendment Section | | Address Iment Section | | | |

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Clifton Building

Articles of Amendment to Articles of Incorporation of

| (Name of Corporation as co | urrently filed with the Flo | rida Dept. of State) | | |
|--|-------------------------------------|----------------------------|---------------|-----------------|
| P11000089232 | | , | | |
| (Document Nu | mber of Corporation (if kno | own) | | |
| Pursuant to the provisions of section 607.1006, Florida Statute ts Articles of Incorporation: | es, this <i>Florida Profit Corp</i> | poration adopts the follow | wing ame | endment(s) |
| A. If amending name, enter the new name of the corporat | ion: | | | |
| MEZZA PARTITION SERVICES, INC. | | | The | new |
| name must be distinguishable and contain the word "corp" "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc, word "chartered," "professional association," or the abbrevi | ," or "Co". A profession | | e abbrevi | iation |
| 3. Enter new principal office address, if applicable: | | | · · - · · · · | |
| Principal office address <u>MUST BE A STREET ADDRESS</u> |) | - | | |
| | ****** | | Sm 3 | |
| | | <u> </u> | 운 곧 | -1 7 |
| . Enter new mailing address, if applicable: | | JAS | <u> </u> | |
| (Mailing address MAY BE A POST OFFICE BOX) | | Š | <u> </u> | |
| | | em. | S PH | |
| | | ; | က္က မှာ | , |
| | ,, | j. | | |
| D. If amending the registered agent and/or registered office a new registered agent and/or the new registered office a | | er the name of the | | |
| Name of New Registered Agent | | | | |
| | | | | |
| (Flo | orida street address) | | | |
| New Registered Office Address: | | . Florida | | |
| | (City) | | Zip Code) | |
| New Registered Agent's Signature, if changing Registered hereby accept the appointment as registered agent. I am fai | Agent: | · | • | |
| | f Now Registered Agent if | | | |

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> | Mike Jones | |
| X Add | <u>sv</u> | Sally Smith | |
| Type of Action (Check One) | <u>Title</u> | <u>Name</u> | Address |
| 1) Change | | | |
| Add | | | |
| Remove | | | |
| 2) Change | | | |
| Add | | ** *** *** *** *** | |
| Remove | | | |
| 3) Change | | | |
| Add | | | |
| Remove | | | |
| 4) Change | | | |
| Add | | | |
| Remove | | | |
| 5)Change | | | |
| Add | | | |
| Remove | | | |
| 6)Change | | | |
| Add | | | |
| Remove | | | |

| Attach additional sheets, if necessary). | ticles, enter change(s) here: . (Be specific) |
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| provisions for implementing the amo | change, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself: |
| (if not applicable, indicate N/A) | |
| (у пот аррисавіе, іпаісаїе N/A) | |
| (у пот аррисавіе, іпаісаїе N/A) | |
| (у пот аррисавіе, іпаісаїе N/A) | |
| (у пот аррисавіе, іпаісаїе N/A) | |
| (y noi applicable, maicale N/A) | |

| The date of each amendment(s) adoption: | if other than the |
|--|---------------------|
| Effective date if applicable: | |
| (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 not document's effective date on the Department of State's records. | ot 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" | |
| (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. | 5 |
| 07/27/2016 Dated | A T |
| Signature Johnson Minanda | - F |
| (By a director, president or other officer - if directors or officers have not been D | 至直 |
| selected, by an incorporator – if in the hands of a receiver, trustee, or other court to appointed fiduciary by that fiduciary) | ယ္က <u>(</u> |
| appointed fiduciary by that fiduciary) | 47 |
| PATRICIA S MIRANDA | |
| (Typed or printed name of person signing) | |
| VICE PRESIDENT | • |
| (Title of person signing) | ` |