# P11000102080

(R	Requestor's Name)	
(A	address)	<del></del>
(A	address)	
(C	City/State/Zip/Phone	<del>2</del> #)
PICK-UP	☐ WAIT	MAIL
(B	Business Entity Nan	ne)
(D	ocument Number)	<del>- , , </del>
Certified Copies	Certificates	of Status
Special Instructions to	o Filing Officer:	- <u></u>

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SECRETARY OF STATE
TALLAHASSEE, FLORID

FEB 12 2014 C. CARROTHERS

#### **COVER LETTER**

TO: Amendment Section Division of Corporations NAME OF CORPORATION: BULLETPROOF CONTRACTING SINC. DOCUMENT NUMBER: P11000102080 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: ANDR KATTOURA Name of Contact Person Firm/ Company 2500 N MILITARY TRAIL SUITE 480 Address BOCA RTON, FL 33431 City/ State and Zip Code kattoura.accounting@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (954 ) 427-8040

Area Code & Daytime Telephone Number andre kattoura Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ■ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address Street Address** Amendment Section Amendment Section

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Clifton Building

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

#### Articles of Amendment to Articles of Incorporation of

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KULLETPROF CON	TRACTING, INC	
(Name of Corporation as currently fi	iled with the Florida Dept. of State)	
P11000102	2080	
(Document Number of	f Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	la Statutes, this Florida Profit Corporation adopts the following am	endment(s) to
A. If amending name, enter the new name of the co	orporation:	
SOUTH FLORIDA CONSTRUC	TIONS GROUP, INC	. new
	rd "corporation," "company," or "incorporated" or the abbre o," "Inc," or "Co". A professional corporation name must conto	viation
B. Enter new principal office address, if applicable	a. N/A	
(Principal office address MUST BE A STREET ADL		
C. Enter new mailing address, if applicable:	N/A	
(Mailing address MAY BE A POST OFFICE BO	<u> </u>	
	****	
D. If amending the registered agent and/or registered new registered agent and/or the new registered		
Name of New Registered Agent N/A		
	(Florida street address)	
New Registered Office Address:	, Florida	
	(City) (Zip Codey)	
	AR E	
New Registered Agent's Signature, if changing Regi	gistered Agent:	garen /
I hereby accept the appointment as registered agent.	I am familiar with and accept the obligations of the position.	177
	PH (	U
Signature of Ne	ew Registered Agent, if changing	

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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:	i, ana sai	y omin, or as an nua	4	
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
I) Change	N/A	N/A		N/A
Add				
Remove				
2) Change				
Add				
Remove				
3) Change	<del></del>	<del>-</del>		
Add				
Remove				
4) Change	<del></del>	<del></del>		
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add		•		
Remove				

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-	additional sheets, if necessary). (Be specific)	
N/A		
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•		
	<u> </u>	
		<del></del>
. If an a	amendment provides for an exchange, reclassificati	on, or cancellation of issued shares.
provi	isions for implementing the amendment if not conta	ined in the amendment itself;
	if not applicable, indicate N/A)	
N/A		
·		
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## FILING CANCELLED RETURNED CHECK

The date of each amendment(s) adoption: 02/03/2014	, if other than the
date this document was signed.	
Effective date if applicable: 02/03/2014	ı
(no more than 90 days after amendment file date)	
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)	
	evisoce" 2-11-14
Dated 02 03.14 Feren K. Jerus	نامن
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)	
PETER KILOSVARY	
(Typed or printed name of person signing)	
PD	
(Title of person signing)	
SECRETARY OF STATIONAL PROPERTY OF STATIONAL	14 FEB -6 PH 5: