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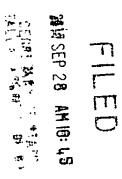
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COVER LETTER

TO: Amendment Section Division of Corporation	s •**				
NAME OF CORPORATIO	N: Medin	las Conta	ctors Inc.		
DOCUMENT NUMBER: _	1 7 2 2 2 2				
The enclosed Articles of Amo	endment and fee are su	ibmitted for filing.			
Please return all corresponde	nce concerning this ma	tter to the following:			
	Fredy	A Medi	Na.		
	Mec	Name of Contact Person	plractors Inc		
120	976 Sil		erace		
Address Miam: FL 33186. City/ State and Zip Code					
City/ State and Zip Code					
E-mail address (to be used for future annual report notification)					
E	-mail address (to be u	sed for uture annual report	notification)		
For further information conce	rning this matter, pleas	se call:			
Fredy A M	Pedina	at (305) <u>608 – 1943</u> . de & Daytime Telephone Number		
/ Name of Cont	act Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check for the fo	llowing 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)		
<u>Mailing Ao</u> Amendmen			Address Iment Section		

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

- Articles of Amend	dment	
to Articles of Incorpo	oration	
\mathcal{M} () if	1	
Medinas Contrac	tors luc.	
(Name of Corporation as currently file	ed with the Florida Dept. of State)	
Y12000044	4143.	
(Document Number of Cor	rporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Flori</i> its Articles of Incorporation:	rida Profit Corporation adopts the following amendment(s	s) to
A. If amending name, enter the new name of the corporation: Coince Cintinguistable and contain the word "corporation" "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". word "chartered," "professional association," or the abbreviation "P.A.	. A professional corporation name must contain the	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) —	NIA	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	SE T	
	N/A = 2 m	
D. If amending the registered agent and/or registered office address in new registered agent and/or the new registered office address:	in Florida, enter the name of the	
Name of New Registered Agent		
	NIA	
(Florida street ad	ddress)	
New Registered Office Address:	, Florida(Zip Code)	
(City)	(Zip Code)	
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent. I am familiar with a	and accept the obligations of the position.	
	VIA	
Signature of New Registe	tered 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)

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 Do	<u>oc</u>		
X Remove	<u>v</u>	Mike Jo	ones .		
X Add	<u>sv</u>	Sally St	nith		
Type of Action (Check One)	Title		<u>Name</u>		Address
1) Change		 -			
Add					U/A
Remove					t
2) Change		_			
Add					
Remove					
3) Change		_			
Add					
Remove					
4) Change	· ·.				-,,
Add					
Remove					
5) Change					
Add		_	· ·		
Remove					
6) Change		_			
Add					
Remove					

If amending or adding additional Artic		
(Attach additional sheets, if necessary).	(Be specific)	
	NIA	
···		
	-	
		
		-
	<u></u>	- · · · · -
lf an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,	
(if not applicable, indicate N/A)	ndment if not contained in the amendment itself:	
	N/A	

The date of each amendment(s) ad date this document was signed.	option:	, if other than the
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendme	nt file date)
Note: If the date inserted in this bl document's effective date on the Dep	ock does not meet the applicable statutory filing roartment of State's records.	equirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ado by the shareholders was/were suf	pted by the shareholders. The number of votes east Ticient for approval.	for the amendment(s)
	roved by the shareholders through voting groups. Teach voting group entitled to vote separately on the	
"The number of votes cast f	or the amendment(s) was/were sufficient for approv	ral
by	(voting group)	"
	(voting group)	
The amendment(s) was/were adopaction was not required.	pted by the board of directors without shareholder a	ction and shareholder
☐ The amendment(s) was/were adopaction was not required.	pted by the incorporators without shareholder action	ı and shareholder
Dated	72/17	
Signature \(\int \) no	My Melin	
(By\a di selekted	rector, president or other officer – if directors or off , by an incorporator – if in the hands of a receiver, t	icers have not been
	ed fiduciary by that fiduciary)	rusce, or once come
	President	
	(Typed or printed name of person signing	g)
	9/22/2017.	
-	(Ditle of verson signing)	