1912 000050501

	Requesto	r's Name)		
(/	Address)			•
(/	Address)			
	City/State	/Zip/Phone	#)	
PICK-UP		WAIT		MAIL
(!	Business	Entity Nam	e)	
(i	Document	(Number)		
Certified Copies		Certificate	s of Status	
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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

		
BUILTCOMEX INC	2	<u> </u>
Please Debit FCA000	0000003 For: 35	
Thank you Seth Neel	ev	
Stal		Art of Inc. File
		LTD Partnership File
		Foreign Corp. File
		L.C. File
		Fictitious Name File
		Trade/Service Mark
		Merger File
		Art, of Amend. File
		RA Resignation
		Dissolution / Withdrawal
		Annual Report / Reinstatement
		Cert. Copy
		Рhыо Сору
		Certificate of Good Standing
		Certificate of Status
		Certificate of Fictitious Name
		Corp Record Search
/ /		Officer Search
A		Fictitious Search
Signature		Fictitious Owner Search
		Vehicle Search
		Driving Record
Requested by: SETH	08/04/23	UCC 1 or 3 File
Name	Date Time	UCC 11 Search
		UCC 11 Retrieval
Walk-In	Will Pick Up	Courier

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: BUILTCOMEX, II	NC.							
	BER: P12000050501	<u>.</u>							
	s of Amendment and fee are su	bmitted for filing.							
Please return all corre	espondence concerning this ma	tter to the following:							
	AMANDA CASTELLON								
		Name of Contact Persor	1						
	DOUGLAS REGISTERED AGENTS LLC								
		Firm/ Company							
	2600 S DOUGLAS RD STE	1000							
		Address							
	CORAL GABLES, FL 3313-	1							
		City/ State and Zip Code	2						
	ACASTELLON@CASTELL	ONPL.COM							
	E-mail address: (to be us	sed for future annual report	notification)						
For further information	on concerning this matter, pleas	se call:							
AMANDA		at (<u></u>	391-3721						
Name	of Contact Person	Area Co	de & Daytime Telephone Number						
Enclosed is a check f	or the following amount made	payable to the Florida Depa	artment of State:						
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)						
An Div P.C	niling Address nendment Section vision of Corporations D. Box 6327 lahassee, FL 32314	Amend Divisio The Co 2415 Y	Address ment Section n of Corporations entre of Tallahassee d. Monroe Street, Suite 810 ussee, FL 32303						

Articles of Amendment Articles of Incorporation \mathbf{of}

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BOILTCOMPA, INC.	
(Name of Corporation as currently	(filed with the Florida Dept. of State)
P12000050501	
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>I</i> its Articles of Incorporation:	Clorida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	77
name must be distinguishable and contain the word "corporation," "co". Inc., " or Co.," or the designation "Corp," "Inc," or "Co". A "chartered." "professional association," or the abbreviation "P.A."	
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	202
C. Enter new mailing address, if applicable:	7
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	
	. N
	0
	· 01
D. If amending the registered agent and/or registered office addresses new registered agent and/or the new registered office address:	
Name of New Registered Agent	
(Florida stre	vet address)
New Registered Office Address:	. Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w	
Signature of New Re	rgistered Agent, if changing

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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.

X Change	<u>PT</u>	John D	<u>oe</u>	
X Remove	$\underline{\mathbf{V}}$	Mike Jo	ones	
X Add	\underline{SV}	Sally S	mith	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change	PS	_	JANET GARCIA	12811 NW 6TH ST
Add				MIAMI, FL 33182-1165
X Remove				
2) Change	Р		MARCELO MASSARANI	2600 S. DOUGLAS RD #1000
X Add				CORAL GABLES, FL 33134
				2600 S. DOUGLAS RD #1000
3)Change	VP		RAQUEL DE LA MATA	CORAL GABLES, FL 33134
X Add				
Remove				
4) Change	T,S		MARIA JOSE LUNA	2600 S. DOUGLAS RD #1000
X Add				CORAL GABLES, FL 33134
Remove				
5) Change		_		
Add				
Remove				
6) Change		<u>—</u>		23
Add				<u> </u>
Remove				7

Attach additional sheets, if necessary).	(Be specific)	
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- <u> </u>		
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•		
f an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,	
provisions for implementing the amo (if not applicable, indicate N/A)	endment if not contained in the amendment itself:	
(ij noi applicable, indicale IVA)		
		7.02
		7.6.202
		Ë
		503-7
		Ë

The date of each amendment(s) adoption:	_, if other than the
date this document was signed.	
Effective date if applicable: (no more than 90 days after amendment file date)	
(no more man > n days after amenament fit 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 incorporators, or board of directors without shareholder action and slaction 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"	
(voting group)	2023
08/04/2023 Dated	
Signature	7
(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)	P : :
MARCELO MASSARANI	06
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	