## P120009/689

| (Re                     | questor's Name)   |             |
|-------------------------|-------------------|-------------|
| (Ad                     | dress)            |             |
| (Ad                     | dress)            |             |
| (Cit                    | y/State/Zip/Phone | e #)        |
| PICK-UP                 | WAIT              | MAIL        |
| (Bu                     | siness Entity Nar | me)         |
| (Do                     | cument Number)    |             |
| Certified Copies        | Certificates      | s of Status |
| Special Instructions to | Filing Officer:   |             |
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SECRETARY OF STATE
TALL AHASSEE, FLORID.

AUG 13 2015 CX.

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

| NAME OF CORPORATION: DEVELOP   | BEST CONSTRUCTION CORP  |  |  |  |  |
|--|---|--|--|--|--|
| DOCUMENT NUMBER: P1200009168   |   |  |  |  |  |
| The enclosed Articles of Amendment and fee are sul   |   |  |  |  |  |
| Please return all correspondence concerning this mat   | ter to the following:   |  |  |  |  |
| Irvin Malvoa   |   |  |  |  |  |
|  | Name of Contact Person  |  |  |  |  |
| Firm/ Company 14320 SW 287 ST  |   |  |  |  |  |
| 14320 377 207 3  | Address   |  |  |  |  |
| MIAMI, FL 3303   | 3   |  |  |  |  |
|  | City/ State and Zip Code  |  |  |  |  |
| TAX.IMMIGRATION(   |   |  |  |  |  |
| E-mail address: (to be us  | ed for future annual report notification)   |  |  |  |  |
| For further information concerning this matter, pleas  | e call:   |  |  |  |  |
| Irvin Malvoa   | at (305 ) 397-5028  |  |  |  |  |
| Name of Contact Person   | Area Code & Daytime Telephone Number  |  |  |  |  |
| Enclosed is a check for the following amount made p  | payable to the Florida Department of State:   |  |  |  |  |
| ■ \$35 Filing Fee  | □\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy (Additional copy is enclosed) □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) |  |  |  |  |
| Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee. FL 32314 | Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301   |  |  |  |  |

## Articles of Amendment

to

| Ar   | ticles of Incorporation          |                             |                 |                       |
|--|----------------------------------|-----------------------------|-----------------|-----------------------|
| Develop B  | est Coi                          | nstruc                      | tion (          | COTP                  |
| (Name of Corporation as currently filed  | d with the Florida Dept          | . of State)                 |                 | - 1 1                 |
| 1)120009//   | √2G                              | ,                           |                 |                       |
| P 12(000 11 6  | 7 8 7                            |                             |                 | _                     |
| (Document Number of Co   | orporation (if known)            |                             |                 |                       |
| Pursuant to the provisions of section 607.1006, Florida S its Articles of Incorporation:   | tatutes, this <i>Florida Pro</i> | <i>fit Corporation</i> adop | ts the followin | g amendment(s) to     |
| A. If amending name, enter the new name of the corp  | ooration:                        |                             |                 |                       |
|  | <del></del>                      |                             |                 | m.                    |
| name must be distinguishable and contain the word  | "agraphytion " "compa            | um " or "incornora          | tad" or the a   | _The new              |
| name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp." word "chartered," "professional association," or the ab | "Inc," or "Co". A pro            | ofessional corporation      | on name must    | contain the           |
| B. Enter new principal office address, if applicable:  |                                  |                             |                 | - ,                   |
| (Principal office address MUST BE A STREET ADDR  | <u>ESS</u> )                     |                             |                 | ASS F                 |
|  |                                  |                             |                 | - <b>5</b> 0 <b>2</b> |
|  |                                  |                             |                 | HAH AH                |
|  |                                  |                             |                 | TARY O                |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  |                                  |                             |                 | PM 4: 21              |
| (Mulling address MAT BE A FOST OFFICE BOA)   |                                  |                             |                 | FS +                  |
|  |                                  | <u> </u>                    |                 | - SA 2                |
|  |                                  |                             |                 | gri +                 |
|  |                                  |                             |                 | -                     |
| D. If amending the registered agent and/or registered  | d office address in Flori        | da, enter the name          | of the          |                       |
| new registered agent and/or the new registered of  |                                  |                             |                 |                       |
| Name of New Registered Agent   |                                  |                             |                 |                       |
| Nume of New Registered Agent   |                                  |                             |                 |                       |
|  |                                  |                             |                 |                       |
|  | (Florida street address)         |                             |                 |                       |
| New Registered Office Address:   |                                  | , Florida                   |                 |                       |
| Ten regimered Cyproc Hadrest.  | (City)                           |                             | (Zip Code)      | _                     |
|  |                                  |                             |                 |                       |
|  |                                  |                             |                 |                       |
| New Registered Agent's Signature, if changing Regist   | tered Agent:                     |                             |                 |                       |
| I hereby accept the appointment as registered agent. I d   |                                  | cept the obligations of     | f the position. |                       |
|  |                                  |                             |                 |                       |
| Signature of New   | Registered Agent, if cha         | nging                       |                 |                       |

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:<br><u>X</u> Change   | <u>PT</u> | John Doe                 |                 |
|-------------------------------|-----------|--------------------------|-----------------|
| X Remove                      | <u>v</u>  | Mike Jones               |                 |
| _X Add                        | <u>sv</u> | Sally Smith              |                 |
| Type of Action<br>(Check One) | _Title    | <u>Name</u>              | <u>Addres</u> s |
| 1) Change                     | SV        | Jaciel Pedroso Rodriguez | 17242 NW 54 Ave |
| Add                           |           |                          | MIAMI GARDENS   |
| Remove                        |           |                          | FL, 33055       |
| 2) Change                     |           |                          |                 |
| Add                           |           |                          |                 |
| Remove                        |           |                          |                 |
| 3) Change                     |           |                          |                 |
| Add                           |           |                          |                 |
| Remove                        |           |                          |                 |
| 4) Change                     |           |                          |                 |
| Add                           |           |                          |                 |
| Remove                        |           |                          |                 |
| 5 [T] a.                      |           |                          |                 |
| 5) L Change                   |           |                          |                 |
| L Add                         |           |                          |                 |
| Remove                        |           |                          |                 |
| 6) Change                     |           |                          |                 |
| Add                           |           |                          |                 |
| Remove                        |           |                          |                 |

| E. If amending or adding additional Articles, enter change(s) here:  (Attach additional sheets, if necessary). (Be specific)  |
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| F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N/A)  The VS, Jasiel Pedroso Rodriguez will have a participation of a 10 % of the shares |
| holders.  |
|   |
|   |
|   |
|   |
|   |
|   |

| The date of each amendment(s) adoption:  | _, if other than th |
|--|---------------------|
| date this document was signed.   |                     |
| (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)  |                     |
| (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.   |                     |
| Dated_07-24-2014   |                     |
| Signature  | _                   |
| selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)   |                     |
| \ Irvin Malvoa   |                     |
| (Typed or printed name of person signing)  |                     |
| I Idalxia  |                     |

(Title of person signing)