P12000093565

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14 HAY 13 PH 2: 17 SECREPARY OF SHALL TALL AND SECURE CHAIL

C. LEWIS MAY 23 2014 EXAMINER

COVER LETTER

Division of Corporations Lipa Construction Contractors Inc. 120000 93 565 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: on Construction
Firm/Company E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (<u>YO 7</u>) <u>Z3 Y- 9 S Y / Area Code & Daytime Telephone Number</u> 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 Certificate of Status Certified Copy (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed)

Mailing Address

TO: Amendment Section

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

APPING YES AND FILED

Articles of Amendment

to
Articles of Incorporation

14 MAY 13 PM 2: 17

Lina Cans	of for the form	Parton Si	WRETHRY CI	
(Name of Corporation as currentl	ly filed with the Florida Dep	ot. of State)	<u> </u>	, 0
P1200009	3565			
	r of Corporation (if known)			
Pursuant to the provisions of section 607.1006, Floits Articles of Incorporation:	orida Statutes, this <i>Florida Pro</i>	ofit Corporation ado	pts the following	amendment(s) to
A. If amending name, enter the new name of the	e corporation:			
				The new
name must be distinguishable and contain the v "Corp.," "Inc.," or Co.," or the designation "Coword "chartered," "professional association," or	orp," "Inc," or "Co". A pr		ited" or the ab	breviation
B. Enter new principal office address, if applica (Principal office address MUST BE A STREET A				
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u>BOX</u>)			
D. If amending the registered agent and/or reginew registered agent and/or the new register		rida, enter the name	of the	
Name of New Registered Agent				
	(Florida street address)			
Non-Parison of Office Address	,			
New Registered Office Address:	(City)	, Florida	(Zip Code)	
New Registered Agent's Signature, if changing	Registered Agent:			
I hereby accept the appointment as registered ager		cept the obligations	of the position.	
Signature o	of New Registered Agent if ch	anoino		

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	PT John D	<u>10e</u>	
X Remove	<u>V</u> <u>Mike J</u>	<u>ones</u>	
X Add	SV Sally S	mith_	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	<u> </u>	OSCAR Valacios	765/ fimber Liver C. Orlando F/32817
Add			OR/ando F/32817
Remove			
2) Change	<u>V</u>	SUZANDE Perez	P.O. BOX 121483 Clexmont F/ 34712
Add			Clermont Pl 34712
Remove			
3) Change			74 97
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Artic (Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
	
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F. If an amendment provides for an exch provisions for implementing the amer (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
<u> </u>	

APPAUY AND FILED

The date of each amendment(s) adoption:date this document was signed.	04/30/2014	14 MAY 13 PM ileother than the
Effective date if applicable:	(no more than 90 days after amendment fi	SECRETARY OF STATE
	(no more yian 90 days after amenament fi	ue aane)
Adoption of Amendment(s) (CH	IECK ONE)	
The amendment(s) was/were adopted by the by the shareholders was/were sufficient for a		the amendment(s)
The amendment(s) was/were approved by the must be separately provided for each voting		
"The number of votes cast for the amer	ndment(s) was/were sufficient for approval	
by	(ing group)	,
	board of directors without shareholder action incorporators without shareholder action and	
action was not required. Dated 0//30/	<u>/y</u>	
	ident or other officer – if directors or officer or opporator – if in the hands of a receiver, trust by that fiduciary) (Typed or printed name of person signature)	tee, or other court
	(Title of person signing)	