Division of Corporations 6/2/25, 2:09 PM



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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : DOSSANTOS AND MACHADO, LLC

Account Number : I20140000089

Phone : (754)301-2128

Fax Number : (954)252-4650

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Tallahassee, FL 32314

TO: Amendment Section

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

H 25 000 1979 863

COVER LETTER

Division of Cor	porations		
NAME OF CORPO	PRATION: OBCONSTRUC	CTION GROUP INC	
	IBER: P120C0103969		
	s of Amendment and fee are	submitted for filing	
	espondence concerning this m	-	
		•	
	GILVAM F DOS SANTOS		
	CECTAN 6 ACCOUNT	Name of Contact Per	son
	GFS TAX & ACCOUNTIN		
	11764 W SAMPLE RD - ST	Firm/ Company	- ·
		Address	
	CORAL SPRINGS, FL 330		
		City/ State and Zip Co	ode
	INFO@GFSTAXACCT.CO	М	
	E-mail address: (to be u	sed for future annual repo	rt notification)
For further information	n concerning this matter, plea	se call:	
GILVAM F DOS SAI		at (⁷⁵⁴	268 6771
Name (of Contact Person	Area C	ode & Daytime Telephone Number
Enclosed is a check fo	r the following amount made	payable to the Florida De	partment 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)
Ame Divis	ing Address indment Section ion of Corporations Box 6327	Amen Divisio	Address dment Section on of Corporations entre of Tallahassee

H 25 000 J9 79 863

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as currently filed with the Florida Dept. (12000103969 (Document Number of Corporation (if known)) ursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation ads Articles of Incorporation: If amending name, enter the new name of the corporation; ame must be distinguishable and contain the word "corporation," "company," or "incorporated" (Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation nucleartered," "professional association," or the abbreviation "P.A." Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS) Enter new mailing address MAY BE A POST OFFICE BOX) If amending the registered agent and/or registered office address in Florida, enter the name new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: (City)	opts the follower the abbre	The viation "Contain the 2025	e new Corp.,"
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New Registered Office Address:			
New Registered Office Address:			
(City)	Florida		
	((Zip Code)	
ew Registered Agent's Signature, if changing Registered Agent: hereby accept the appointment as registered agent. I am familiar with and accept the obligations	((Zip Code) ion.	
Signature of New Paristerned Asset if the sign		 ·	
Signature of New Registered Agent, if changing			
heck if applicable I The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.			

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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 F: nancial 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 Doe	
X Remove	<u>v</u>	Mike Jones	
_X Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	Title	Name	Address
1) Change	VP	DONALD JAMES BARNES	6741 W SUNRISE BLVD ,UNT 2
X Add			PLANTATION, FL 33313
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change		•	
Add			
Remove			
5) Change			
Add			
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Add			
Remove			1.00

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amending or adding additional Art ttach additional sheets, if necessary).	(Be specific)		
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			38
an amendment provides for an excl	hange, reclassification, or cancellation of issued shares.		
rovisions for implementing the ame (if not applicable, indicate N/A)	endment if not contained in the amendment itself:		
(3 4,,			

the

the

19542524650 From: Ju H *25* 000 1979 863

The date of each amendment(s) ado	ption:	, if other than
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block document's effective date on the Depa	k does not meet the applicable statutory filing requirements, this date variment of State's records.	will not be listed as
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopte action was not required.	ed by the incorporators, or board of directors without shareholder action a	end shareholder
☐ The amendment(s) was/were adopte by the shareholders was/were suffi-	ed by the shareholders. The number of votes cast for the amendment(s) cient for approval.	
☐ The amendment(s) was/were appromust be separately provided for ea	ved by the shareholders through voting groups. The following statement ch voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for	the amendment(s) was/were sufficient for approval	20
by	,	UNT 520
	(voting group)	
MAY, 30TH 2	025	ω Final
Dated		₹ [1]
Signature	in the second se	
(By a directed, b	tot, president or other officer - if directors or officers have not been - y an incorporator - if in the hands of a receiver, trustee, or other court fiduciary by that fiduciary)	_ အ
Tit	layo Adetayo	
	(Typed or printed name of person signing)	
Dir	ector	
	(Title of person signing)	