P130000001512

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: M5 CONSTRUCT	TION & MANAGEMENT,	INC
DOCUMENT NUM	BER: P13000007512		
	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	Garry Belony		
		Name of Contact Person	1
	M5 CONSTRUCTION & M	ANAGEMENT, INC	
	-	Firm/ Company	
	12907 SW 103 PL	, ,	
		Address	
	MIAMI, FL 33176		
		City/ State and Zip Code	e
m5in	c0102@gmail.com		
	_	sed for future annual report	notification)
For further informatio	n concerning this matter, pleas	se call:	
Garry Belony		at (482-1316
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	or the following 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)
Am Div P.O	iling Address endment Section ision of Corporations . Box 6327	Amend Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

M5 CONSTRUCTION & MANAGEMENT, INC

(<u>Name</u>	of Corporation as curren	ntly filed with the Florida Dept. of State)	
P13000007512			
	(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, th	is Florida Profit Corporation adopts the follo	wing amendment(s) t
A. If amending name, enter the new na	ime of the corporation:		
N/A			The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or	ion," "company," or "incorporated" or th "Co". A professional corporation name m "P.A."	e abbreviation
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		N/A	
		N/A	
		N/A	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		N/A	
· · · ·		N/A	2
		N/A	
D. If amending the registered agent ar new registered agent and/or the new			
Name of New Registered Agent	N/A		
	N/A		
	(Florida	street address)	
New Registered Office Address;	N/A	. Florida	
		(City)	Zip Code)
New Registered Agent's Signature, if c I hereby accept the appointment as registered.		nt: r with and accept the obligations of the positi	on.
	Signature of New	Registered 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.

X Change	<u>PT</u>	John Do	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	ones	
X Add	<u>sv</u>	Sally Sr	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change	TR		HOWARD R ALLEN	9025 SW 122 ST
X Add				Miami, FL 33176-5119
Remove				
2) Change				
Add				
Remove				
3) Change		_		
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).	<u>cles, enter change(s) here</u> : (Be specific)
N/A	
E 16dutid.a fou an aval	and replacification or concellation of issued shares
provisions for implementing the amer	nange, reclassification, or cancellation of issued shares, and and an analysis of the amendment itself:
(if not applicable, indicate N/A)	
N/A	
<u> </u>	

The date of each amendment date this document was signed	
Effective date if applicable:	
	(no more than 90 days after amendment file date)
	this block does not meet the applicable statutory filing requirements, this date will not be listed as the Department of State's records.
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.
	re approved by the shareholders through voting groups. The following statement ed for each voting group entitled to vote separately on the amendment(s):
"The number of votes	s cast for the amendment(s) was/were sufficient for approval
by	.,,
,	(voting group)
☐ The amendment(s) was/we action was not required.	re adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/we action was not required.	re adopted by the incorporators without shareholder action and shareholder
07/14 Dated	1/2015
Signature	ST STATE OF
(E	By a director, president or other officer – if directors or officers have not been elected, by an incorporator – if in the hands of a receiver, trustee, or other court ppointed fiduciary by that fiduciary)
	Garry Belony
	(Typed or printed name of person signing)
	President
	(Title of person signing)