## P130000410192

(Re	equestor's Name)	
(Ad	idress)	·
(Ac	idress)	
(Cit	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nam	ie)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
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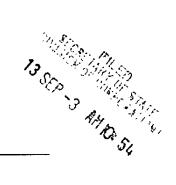
Amand (10,13,13

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	RATION: DAVILA CO BER: P1300004669		CORP
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	PEDRO DAVILA		
		Name of Contact Person	1
	0450	Firm/ Company	
	2150 nw 9 st apt		
	MIAMI, FL 33125	Address	
		City/ State and Zip Code	2
For further informatio	E-mail address: (to be us	sed for future annual report	notification)
PEDRO DAV	′ILA	at ( 305	992-1358
Name	of Contact Person		de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	irtment 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)
Amo Div P.O	ling Address endment Section ision of Corporations . Box 6327 ahassee, FL 32314	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building xecutive Center Circle assee, FL 32301

## **Articles of Amendment** to Articles of Incorporation of



## DAVILA CONSTRUCTION CORP

( <u>N</u>	ame of Corporation as	s currently filed with	the Florida Dept.	of State)
P1300004	6692			

ent(s) to

(Document Number of Co	rporation (if k	nown)		
arsuant to the provisions of section 607,1006, Florida St Articles of Incorporation:	atutes, this <i>Flo</i>	orida Profit Corpo	oration add	pts the following amer
. If amending name, enter the new name of the corp.	oration:			
				The
ame must be distinguishable and contain the word 'Corp.," "Inc.," or Co.," or the designation "Corp," ord "chartered," "professional association," or the abl	"Inc." or "Co	o". A professiona	"incorpor l corporat	ated" or the abbrevion ion name must contain
Enter new principal office address, if applicable:				···
Principal office address MUST BE A STREET ADDRE	<u>ESS</u> )			
				<del></del>
. Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
			-	
. If amending the registered agent and/or registered		s in Florida, ente	r the name	e of the
new registered agent and/or the new registered off	<u>ice address:</u>			
Name of New Registered Agent			···-	
	(Florida street	address)		
New Registered Office Address:			, Florida	
non negative Office man east.	(City)	•	.,	(Zip Code)
ew Registered Agent's Signature, if changing Regist				
hereby accept the appointment as registered agent. I a	m familiar wit	h and accept the o	bligations	of the position.

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 Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	Р	Ines M. Columbie Sanchez	2150 nw 9 st apt 506
X Add			Miami, FI 33125
Remove			***
2) X Change	VP	Pedro Davila	2150 nw 9 st apt 506
Add			Miami, FL 33125
Remove			
3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
0			
6) Change			
Add			
Remove			

	dding additional Ar sheets, if necessary).	. (Be specific)			
<del></del>				<u> </u>	<u> </u>
			•		
				·	•
•					
If an amendment	provides for an exc	change, reclassif	ication, or cancel	ation of issued sha	res,
provisions for in	nplementing the am cable, indicate N/A)	<u>iendment if not c</u>	contained in the a	mendment itself:	
	canie, inaicaie N/A)				
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The date of each amendment(s	08/20/2013	, if other than the
date this document was signed.  Effective date if applicable:	08/20/2013	
ericetive date <u>ii applicable,                                     </u>	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were by the shareholders was/wer	adopted by the shareholders. The number of votes cast for the amendment e sufficient for approval.	nt(s)
	approved by the shareholders through voting groups. The following state for each voting group entitled to vote separately on the amendment(s):	ment
"The number of votes	east for the amendment(s) was/were sufficient for approval	
by	(voting group)	
The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareho	lder
☐ The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder	
<del></del>	20/2013	
sele	r a director, president or other officer – if directors or officers have not bee ected, by an incorporator – if in the hands of a receiver, trustee, or other co- pointed fiduciary by that fiduciary)	
	Pedro Davila	
	(Typed or printed name of person signing)	<del></del>
	President	

(Title of person signing)