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AUG 1 3 2013

T. BROWN

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	ATION: OMEGA	CONSTRUCTION	OF SOUTHWEST	FLORIATING
DOCUMENT NUMBI	er: P/3000	00 58062		•
The enclosed Articles o	f Amendment and fee are su	bmitted for filing.		·
Please return all corresp	ondence concerning this ma	ter to the following:		
		OSCAR TI	SJADA	
	OHERA CO	Name of Contact Person	OF SOUTH WAST	Fronta INC
_	821 7TH	ST SW		
	NAPHE	Address 34/1	17	
	alpha apsind	City/ State and Zip Code		
	E-mail address: (to be us concerning this matter, pleas	e of future annual report	notification)	
OSCAN		at (139	300 3499	
Name of	f Contact Person	Area Co	de & Daytime Telephone Number	_
Enclosed is a check for	the following amount made	payable to the Florida Depa	rtment of State:	
S35 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)	
Maili	ing Address	Street	Address	

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment

ONEGA CONSTINCTION OF SOUTH WEST FROMICH INC

(Name of Corporation as currently filed with the Florida Dept. of State)

P130000 58062

(Document Number of Corporation (if known)

A. If amending name, enter the new name of the	e corporation:	
		The new
name must be distinguishable and contain the w "Corp.," "Inc.," or Co.," or the designation "Cow word "chartered," "professional association," or t	word "corporation," "company," or "incorporated" or the abborp," "Inc," or "Co". A professional corporation name must co	breviation
B. Enter new principal office address, if applica		
(Principal office address <u>MUST BE A STREET A</u>	(DDRESS)	
C. Enter new mailing address, if applicable; (Mailing address MAY BE A POST OFFICE)	BOX)	SECRETARY OF STATE OF STATE OF CHARTER OF CORPORATE OF CHARTER OF STATE OF
D. If amending the registered agent and/or regi- new registered agent and/or the new register	stered office address in Florida, enter the name of the ed office address:	ज इंग
new registered agent and/or the new register		ਯ ਫ਼੍ਰਾ
new registered agent and/or the new register	ed office address:	ੱ
new registered agent and/or the new register	(Florida street address)	ੱ ਰ ਹੁੰਾ
new registered agent and/or the new register Name of New Registered Agent	(Florida street address)	ੱ ਰ ਹੁੰਾ
new registered agent and/or the new register Name of New Registered Agent New Registered Office Address: New Registered Agent's Signature, if changing I	(Florida street address) , Florida (City) (Zip Code)	5

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 Doe	
X Remove	V Mike Jones	
X Add	SV Sally Smith	
Type of Action (Check Onc) 1) Change	Title Name T JOSE TEJADA	Address 2571 WILSON BLVD NAPUSS, FL 34120
X Add		NAPUSS, FL 34/20
Remove		
2) Change		
Add		
Remove		
3) Change		
Add		
Remove		
4) Change		
Add		•
Remove		
5) Change		
Add		
Remove		
6) Change		
Add		
Remove		

tach additional sheets, if necessary).	ticles, enter chang (Be specific)			
				
				
				
				
		····		
				
in amendment provides for an exc ovisions for implementing the am	<u>change, reclassific</u> gendment if not co	ation, or cancellantained in the an	<u>ition of issued share</u> sendment itself:	<u>:s.</u>
(if not applicable, indicate N/A)				
			······································	 ·

The date of each amendment(s) adoption: date this document was signed.	8/5/13	, if other than the
Effective date if applicable:	8/5/13	
enecuve date it apparable.	(no more than 90 days after amendment file date)	
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by by the shareholders was/were sufficient f	the shareholders. The number of votes cast for the amend for approval.	ment(s)
	y the shareholders through voting groups. The following sting group entitled to vote separately on the amendment(s	
"The number of votes cast for the a	amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were adopted by action was not required.	the board of directors without shareholder action and shareholder action actio	reholder
The amendment(s) was/were adopted by action was not required.	the incorporators without shareholder action and shareholder	der
Dated	15/13	
Signature	14	
selected, by an,	provident or other officer – if directors or officers have no incorporator – if in the hands of a receiver, trustee, or oth ciary by that fiduciary)	
	OSCAN TESADA	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	