P1300008a965

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: TWO BROTHER	CONSTRUCTION SERVI	CES INC.
DOCUMENT NUMB	P13000082965		
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	r	MARLENY VALLE	
-		Name of Contact Person	1
	TWO BROT	HER CONSTRUCTION SI	ERVICES INC.
-		Firm/ Company	
	12420 SW 7TI	H COURT	
-		Address	
	FORT LAUD	ERDALE, FL, 33325	
-		City/ State and Zip Cod	e
TWOE	BROTHERCONSTRUCTIO	N954@GMAIL.COM	
	E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, please	se call:	
MARLENY VAL	LE	at (407	722-2945
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check for	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)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio Clifton	Address ment Section on of Corporations Building xecutive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED

TWO BROTHER CONSTRUCTION SERVICES INC.	That
(Name of Corporation	as currently filed with the Florida Depos of State
P13000082965	escuence yrop STATE
(Docume	it Number of Corporation (if known) ALLAHASSEE, TEURIDA
Pursuant to the provisions of section 607.1006, Florida State Articles of Incorporation:	tatutes, this Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corp	oration:
TWO BROTHERS CONSTRUCTION SERVICES INC	The new
	"corporation," "company," or "incorporated" or the abbreviation "Inc," or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	N/A
Principal office address MUST BE A STREET ADDR	ESS)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	N/A
D. If amending the registered agent and/or registered new registered agent and/or the new registered of	
N/A	ist man tos.
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Regis I hereby accept the appointment as registered agent. I	
Signat	re 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.

Example: 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)	Title	Name		Address	
1) Change	V	EMIL MCCC	OY	12420 SW 7TH COURT	
X Add				FORT LAUDERDALE, FL, 33	3325
Remove					
2) Change					1
Add					
Remove					
3) Change		 			
Add					
Remove					
4) Change					<u> </u>
Add				<u> </u>	
Remove					
5) Change					
Add					
Remove				 	
6) Change					
Add					
Remove					

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
N/A
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:
(if not applicable, indicate N/A)
N/A

The date of each amendment(s) a	09/15/2015 doption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
,	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bedocument's effective date on the De	plock does not meet the applicable statutory filing requirements, this date will partment of State's records.	l not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) efficient for approval.	
	proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
	opted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder	
09/15/2015		
DatedSignature	Jarleny A Valle	
(By a d	irector, president or other officer – if directors or officers have not been d, by an incorporator + if in the hands of a receiver, trustee, or other court	
	ted fiduciary by that fiduciary)	
	MARLENY VALLE	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	· · · · · · · · · · · · · · · · · · ·