## P1400010787

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
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## **COVER LETTER**

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TO: Amendment Section Division of Corporations

NAME OF CORPORA	ATION: AG & C	Seneral Cons	truction INC.
	R: <u>P140000</u>		
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.	
Please return all corresp 	ondence concerning this ma	Acosta	
	A6 \$ 60	Name of Contact Person  Constact  Firm/ Company	How live.
_	2843 SW 39	Firm/Company	
_	2843 Sw 39	Address / 33/33	
Į.	Ryac Electric	City/ State and Zip Cod	1
For further information	E-mail address: (to be us concerning this matter, pleas	sed for future annual reports	notification)
Ricardo	Acosla		de & Daytime Telephone Number
Name of	Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made p	payable to the Florida Depa	artment of State:
S35 Filing Fee	□S43.75 Filing Fee & Certificate of Status	□S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Cupy (Additional Copy is enclosed)
Amen Divisi P.O. I	ng Address dment Section on of Corporations Box 6327 assee, FL 32314	Amend Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment

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	***	
	to Incorporation	
^	of .	
AG \$ Several Construction as current	OH /HC.	
(Name of Corporation as curre	ntly filed with the Florida De	pt, of State)
P-14000010787		
(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607,1006, Florida Statutes, thits Articles of Incorporation:	is Florida Profit Corporation	adopts the following amendment(s)
A. If amending name, enter the new name of the corporation:	H/A	
		The new
name must be distinguishable and contain the word "corpora "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	· "Co". A professional corpo	porated or the antireviation ration name must contain the
B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDRESS</u> )	H/A	
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BON</u> )	4/A	
D. If amending the registered agent and/or registered office ac new registered agent and/or the new registered office addre		ume of the
Name of New Registered Agent		<del></del>
H (Florida	street address)	
New Registered Office Address:	(City)	, Florida (Zip Code)
New Registered Agent's Signature, if changing Registered Age I hereby accept the appointment as registered agent.—I am familia	nt:	
M/A		
Signature of New	e 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: <u>X</u> Change	PT John	Doc	
X Remove	<u>V</u> <u>Mike</u>	: Jones	
X Add	<u>SV</u> <u>Sally</u>	Smith	
Type of Action (Check One)  1) Change Add	<u>Title</u>	Ricardo Jose Acosta	Address  2843 SW 34 Are  Minni, F/ 23133
Remove 2) Change Add Remove			
3 ) Change Add Remove			
4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove			

itach <i>additional sheets, if necess</i>	l Articles, enter change() uy) (Be specific)	sy nere.		
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an amendment provides for an	exchange reclassification	on or cancellation of i	ssued shares	
rovisions for implementing the	amendment if not conta	ined in the amendmen	t itself:	
(if not applicable, indicate N	.1)			
		/		
·		MA		
		1 \/ / T		

The date of each amendment(s) adoption: $\frac{12/19/2017}{}$ date this document was signed.	, if other than the
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.	I not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.  The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.  Dated    Dated	
selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
(Typed or printed name of person signing)	
(Typed or printed name of person signing)	
President	
(Title of person signing)	