P14000029129

(Re	equestor's Name)	
(Ad	dress)	
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COVER LETTER

TO: Amendment Section " Division of Corporations

NAME OF CORPORATION: EDUARDO'S CONSTRUCTION & MAINTENANCE CORP				
DOCUMENT NUMB	ER: P14000029	129		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corres	pondence concerning this mat	ter to the following:		
	DONNA MORA	ALES		
Name of Contact Person D&E MULTICERVICES CORP				
	5600 8th st w เ	Firm/ Company Init 5		
		Address		
	lehigh acres fl			
		City/ State and Zip Code		
dei	multiservices22			
	E-mail address: (to be us	ed for future annual report	notification)	
For further information concerning this matter, please call:				
ELENA RAMIREZ 2064982				
Name o	of Contact Person	Area Coo	le & Daytime Telephone Number	
Enclosed is a check for the following amount made payable to the Florida Department 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)	
Ame Divi P.O.	ling Address endment Section sion of Corporations Box 6327 ahassee, FL 32314	Amendi Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle ssee, FL 32301	

Articles of Amendment Articles of Incorporation of

EDUARDO'S CONSTRUCTION & MAINTENANCE CORP

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

P14000029129				
(Document	Number of Corporation (if kn	own)	1.11110	
Pursuant to the provisions of section 607.1 its Articles of Incorporation:	006, Florida Statutes, this <i>Flor</i>	rida Profit Corporation	adopts the following	amendment(s) to
A. If amending name, enter the new name	me of the corporation:			
				The new
name must be distinguishable and conto "Corp.," "Inc.," or Co.," or the designa- word "chartered," "professional associate	ttion "Corp," "Inc," or "Co"	'. A professional corpo		
B. Enter new principal office address, i				
(Principal office address <u>MUST BE A ST</u>	<u>REET ADDRESS</u>)			→ 5.8
				运
	-			2
C. Enter new mailing address, if application (Mailing address MAY BE A POST Of the Control of th				
				13年2
	_			73
	_			* A
D. If amending the registered agent and new registered agent and/or the new		in Florida, enter the na	me of the	
	VERONICA HERNA	ANDEZ		
<u>Name oj New Registerea Agent</u>	4524 19TH ST		_	
	(Florida street a			
New Registered Office Address:	LEHIGH ACRE	_	a33973	
New Registered Office Address.	(City)	, 1 10110	(Zip Code)	
New Registered Agent's Signature, if ch	anging Registered Agent:			
I hereby accept the appointment as registe	ered agent. I am familiar with	and accept the obligation	ons of the position.	
Vere	nico Herney	ndez	_	
Sig	nature of New Registered Ager	ıt, 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= Treusurer; 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, Treusurer, 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 De	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally Si	<u>mith</u>	
Type of Action (Check One)	Title		Name	<u>Addres</u> s
1) Change	S	_	VERONICA HERNANDEZ	4524 19TH ST SW
Add				LEHIGH ACRES FL 33973
Remove				
2) Change				
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change		_		·
Add				
Remove				
5) Change				-vienser i i
Add				
Remove				
6) Change				
Add		_		
Remove				

attach additional sheets, if necessary).	(Be specific)
· · · · · · · · · · · · · · · · · · ·	
f an amendment provides for an exch	hange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	endment if not contained in the amendment itself:

The date of each amendment(s) adoption: U5/8/2014 date this document was signed.	, if other than the
Effective date if applicable: 05/08/2014	
(no more than 90 days after amendment file date)	
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 Edwydo Costillo "	
(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	
Signature Beet 6 609+1/6	
(By a director, president or other officer – if directors or officers have not been	
selected, by an incorporator – if in the hands of a receiver, trustee, or other court	
appointed fiduciary by that fiduciary)	
Edeardo Coxetallo	
(Typed or printed name of person signing)	10
ocener/fresident	MP
(Title of person signing)	