## P140000 58014

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## COVER LETTER

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: Carlisos Construction Inc. DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Jose L. Cabrera Name of Contact Person Carlisos Construction Inc. Firm/ Company 1917 E Clifton St Address Tampa Fl 33610 City/ State and Zip Code carlisosconstructionin@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: \_\_\_\_\_)
Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: □\$52.50 Filing Fee **□\$43.75** Filing Fee & □\$43.75 Filing Fee & \$35 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Street Address **Mailing Address** Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32314 Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation

of

Carlisos Construction Inc.		
(Name o	of Corporation a	as currently filed with the Florida Dept. of State)
 P14000058014		OI :EI CH LAN EIUC
<u> </u>	(Document	nt Number of Corporation (if known)
		5
	1006, Florida Sta	Statutes, this Florida Profit Corporation adopts the following amendmen
ts Articles of Incorporation:		
. If amending name, enter the new na	ime of the corpo	poration:
		The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	iation "Corp," '	"corporation," "company," or "incorporated" or the abbreviation "Inc," or "Co". A professional corporation name must contain the
Fatan namening in a loffing address	if applicable:	Flora Cabrera
B. Enter new principal office address, Principal office address MUST BE A S		RESS)
. 55		
Enter new mailing address, if appli (Mailing address MAY BE A POST)		
(Maning address MAT BE A FOST)	OFFICE BOX	<u> </u>
<ol> <li>If amending the registered agent an new registered agent and/or the new</li> </ol>	id/or registered w registered offi	d office address in Florida, enter the name of the
new registered agent and/or the ne	Jose L Cabrera	
Name of New Registered Agent		
	1917 E Clifton	on St
		Florida street address)
New Registered Office Address:	N/A	, Florida 33610
		(City) (Zip Code)
vew Registered Agent's Signature, if c	hanging Registe	stered Agent:
hereby accept the appointment as regist	tered agent. I ai	am familiar with and accept the obligations of the position.
	Sionatu	ture 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 = Chie Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each offic 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.

	ve, ana sai	ty Smun, 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)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s	
1) X Change	VP	Carlos Gutierrez	 1917 E Clifton St	
Add			Tampa Florida 33610	
Remove				
2) Change	VP	Flora Cabrera	 1917 E. Clifton St	
X Add			Tampa Florida 33610	
Remove				
3 ) Change	D	Carlos Gutierrez	 1917 E Clifton St.	
X Add			Tampa Florida 33610	
Remove				
4) Change	<del>2.</del>	_	 	
Add				
Remove				
5)Change	_	_	 	
Add			<del></del>	
Remove				
6) Change				
Add				
Remove				

If amending or adding additional Articles, enter chi (Attach additional sheets, if necessary). (Be specific)	
•	
	1
f an amendment provides for an exchange, reclassi	fication, or cancellation of issued shares,
provisions for implementing the amendment if not	contained in the amendment itself:
(if not applicable, indicate N/A)	
	<u> </u>

May 1st 201	9
The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
May 1st 2019	
Effective date if applicable:	1 00 1 6 1 1 1 1
(no mor	e than 90 days after amendment file date) 
Note: If the date inserted in this block does not meet the document's effective date on the Department of State's re-	 ne applicable statutory filing requirements, this date will not be listed as the cords.
Adoption of Amendment(s) (CHECK ON	<u> E</u>   
■ The amendment(s) was/were adopted by the sharehold by the shareholders was/were sufficient for approval.	ers. The number of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the sharehol must be separately provided for each voting group en	ders through voting groups. The following statement ittled to vote separately on the amendment(s):
"The number of votes cast for the amendment(s)	was/were sufficient for approval
bv	, "
(voting group	)
The amendment(s) was/were adopted by the board of caction was not required.  The amendment(s) was/were adopted by the incorpora action was not required.	
May 1st 2019 Dated	
Signature	
(By a director, president or of	ther officer – if directors or officers have not been if in the hands of a receiver, trustee, or other court duciary)
Carlos Gutierrez	
(Typed or	printed name of person signing)
Vice President	
	(Title of person signing)