P15000000875

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C Kinsey

COVER LETTER

TO: Amendment Section Division of Corporations

٠.

NAME OF CORPOR	ATION: ARLEYVA CONS	STRUCTION IN	C .		
DOCUMENT NUMB					
The enclosed Articles of	of Amendment and fee are su	bmitted for filing	j .		
Please return all corres	pondence concerning this ma	tter to the follow	ing:		
	REINALDO LEYVA				
•		Name of Con	tact Perso	n	
-		Firm/ Co	mpany		
· -	4152 SUNNY LAND DR				· · · · · · · · · · · · · · · · · · ·
		Addr	e88		
	LAKELAND FL 33813				
		City/ State an	d Zip Cod	e	
reyley	va@yahoo.com				
	E-mail address: (to be us	sed for future ann	iual report	notification)	
For further information	concerning this matter, pleas	se call:			
REINALDO LEYVA		at (784	, 300	7422
Name o	f Contact Person		Area Co	de & Daytime [*]	Telephone Number
Enclosed is a check for	the following amount made	payable to the Flo	orida Depa	ertment of State	:
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filin Certified Co (Additional c enclosed)	ру	S52.50 Fil Certificate Certified C (Additional is enclosed	of Status Sopy J. Copy
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassec, FL 32314			Amend Divisio Clitton	Address Iment Section on of Corporation Building Executive Cente	

Tallahassee, FL 32301

! "

Articles of Amendment to Articles of Incorporation of

ARLEY'	VA C	ONSTR	UCTIO)N INC

(Name o	f Corporation as current	ly filed with the Florida Dept. of State)		
P15000000875				
	(Document Number of	of Corporation (if known)		
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Corporation adopts the fol	llowing amendme	ent(s) to
A. If amending name, enter the new na	me of the corporation:		The new	
	ation "Corp." "Inc." or	on," "company," or "incorporated" or "Co". A professional corporation name "P.A."	the abbreviation	11
B. Enter new principal office address,	if annlicable:	4152 SUNNY LAND DR		
(Principal office address MUST BE A S		LAKELAND FL 33813		
			<u> </u>	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		4152 SUNNY LAND DR ACC		
		LAKELAND FL 33813	JUN -	
			ASSEE	
D. If amending the registered agent an new registered agent and/or the new			89	
Name of New Registered Agent REINALDO LEYVA		<u></u>	लं के	
Mant by the the engineering in	4152 SUNNY LAND DR			
	(Florida si	reet address)		
New Registered Office Address:	LAKELAND	. Florida ³³³	813	
		(City)	(Zip Code)	
New Registered Agent's Signature, if cl	ianging Registered Agen	†•		
		with and accept the obligations of the post	ition.	

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 = Trus; ee; C = Chairman or Clerk; CEO = ChiefExecutive 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:		7.1. D	
X Change	<u>PT</u>	<u>John Doe</u>	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	Secreta	MARIA ACOSTA	4515 ASHFORD DR
Add Remove	-		WINTER HAVEN, FL 33880
2) Change			<u> </u>
Add			
3) Change			
Remove			
4) Change			
Add			
5) Change		_	
Add Remove			
6)Change			
Add			
Remove			

	ling or adding additional A dditional sheets, if necessary	e). (Be specific)			
				· · · · · · · · · · · · · · · · · · ·	
			 	 	
					
	-				
			<u>. </u>		
					
		 -			
£		I	7 . 41	s atomorphism is a	
nrovisio	endment provides for an e ons for implementing the a	<u>xcnange, reclassii</u> mendment if not (contained in the a	nendment itself:	iares.
(if n	not applicable, indicate N/A)		······································	
		•			
			_ 		
					
			<u></u>		

	MAY 21, 2019	te est un atenua chan
The date of each amendment(s) adop date this document was signed.	tion:	if other than the
Effective date <u>if applicable</u> :		
Theetive date it applicance.	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bloc document's effective date on the Depar	k does not meet the applicable statutory filing requirements, this dunent of State's records.	ate will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were adopted by the shareholders was/were suffice.	d by the shareholders. The number of votes cast for the amendment tient for approval.	(s)
☐ The amendment(s) was/were appromust be separately provided for ea	ved by the shareholders through voting groups. The following statem th voting group entitled to vote separately on the amendment(s):	ient
"The number of votes cast for	the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were adopte action was not required.	ed by the board of directors without shareholder action and sharehold	der
☐ The amendment(s) was/were adopt action was not required.	ed by the incorporators without shareholder action and shareholder	
05-21-2019 Dated Signature		
(By a dire selected,	ctor president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other co-fiduciary by that fiduciary)	a urt
R	EINALDO LEYVA	
_	(Typed or printed name of person signing)	
P	RESIDENT	
	(Title of person signing)	