P1500000 6153

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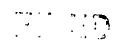
COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: _	MAESTRE ENGINEE	RING CONSULTAN	IT INC	
DOCUMENT NUMBER: P150	000006153	· · · · · · · · · · · · · · · · · · ·		
The enclosed Articles of Amenda	nent and fee are submitted	for filing.		
Please return all correspondence of	oncerning this matter to th	ne following:		
E ADRIA	N MORLANNE			
	Nam	e of Contact Person		
E MORLA	NNE AND SON ACCO	JNTING INC		
		Firm/ Company		
1275 W 4	7 PL SUITE 312			
	·	Address	· · · · · · · · · · · · · · · · · · ·	
HIALEAH,	FL 33012			
	City	State and Zip Code		
BADAD@MSN.	СОМ			
E-mai	address: (to be used for f	uture annual report not	ification)	
For further information concerning	g this matter, please call:			
ADRIAN MORLANNE		954 at (470-1061	
Name of Contact F	erson	Area Code & Daytime Telephone Number		
Enclosed is a check for the follow	ing amount made payable	to the Florida Departm	nent of State:	
	ificate of Status Cer (Ad	3.75 Filing Fee & Entified Copy ditional copy is closed)	\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Addre Amendment Sec Division of Cor P.O. Box 6327 Tallahassee, FL	ction porations	Clifton Bu	nt Section f Corporations	

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation of



MAESTRE ENGINEERING CONSULTANTS INC

(Name of Corneration as currently f	2019 / 11 20 PM 1: 08
(Name of Corporation as Currently)	iled with the Florida Dept. of State)
P15000006153	
(Document Number of C	orporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this Fl 0 ts Articles of Incorporation:	orida Profit Corporation adopts the following amendment(
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc,," or "Coword "chartered." "professional association," or the abbreviation "P.	". A professional corporation name must contain the
3. Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	s in Florida, enter the name of the
Name of New Registered Agent	
(Florida street	address)
	address)

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, a 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 = Chi Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each officeld. 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 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 Chang 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)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	V	MARIMAR MAESTRE	610 W 53 ST
X Add	<u> </u>		HIALEAH, FL 33012
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change	 		
Add			
Remove			

	nal sheets, if necessary	v). (Be specific)				
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lf an amendn	ent provides for an e	xchange, reclassi	fication, or cance	llation of issued s	hares,	
provisions fo	r implementing the a	mendment if not	fication, or cance contained in the	llation of issued s amendment itself	hares,	
provisions fo	ent provides for an e r implementing the a plicable, indicate N/A	mendment if not	fication, or cance contained in the	llation of issued s amendment itself	<u>hares,</u> <u>:</u>	
provisions fo	r implementing the a	mendment if not	fication, or cance contained in the	llation of issued s amendment itself	hares, <u>:</u>	
provisions fo	r implementing the a	mendment if not	fication, or cance contained in the	ellation of issued s amendment itself	hares,	•
provisions fo	r implementing the a	mendment if not	fication, or cance contained in the	ellation of issued s amendment itself	hares,	-
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provisions fo	r implementing the a	mendment if not	fication, or cance	ellation of issued s amendment itself	hares,	

	08/16/2019	
The date of each amendment(s) a	loption:	, if other than
date this document was signed.		
	08/16/2019	
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	block does not meet the applicable statutory filing requirements, epartment of State's records.	this date will not be listed as
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were add by the shareholders was/were so	opted by the shareholders. The number of votes cast for the amend of ficient for approval.	dment(s)
	proved by the shareholders through voting groups. The following seach voting group entitled to vote separately on the amendment(s	
	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
action was not required.	opted by the board of directors without shareholder action and shareholder by the incorporators without shareholder action and shareholder	
	08/16/2019	
DatedSignature	Jaco Claretre	
selecte	irector, president or other officer – if directors or officers have not d. by an incorporator – if in the hands of a receiver, trustee, or other ted fiduciary by that fiduciary)	
	ANGEL MAESTRE	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	