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## COVER LETTER \*

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATI	ON: LA VIGIA CONST	TRUCTION	INC			
DOCUMENT NUMBER:	P15000011341					
The enclosed Articles of Art	nendment and fee are su	bmitted for fi	ling.			
Please return all correspond	ence concerning this mat	tter to the fol	owing:			
JUA	N F PORRAS HERNAN	IDEZ				
		Name of	Contact Person	n		
LA	VIGIA CONSTRUCTIO	N INC				
		Firm/	Company			
6014	N OLIVE AVE		•			
	· · ·	A	ddress			
TAN	MPA, FL 33614					
<del></del>		City/ State	and Zip Cod	e		
10YAR@1	MSN.COM					
_	E-mail address: (to be us	ed for future	annual report	notification)		
			<b>-</b>	,		
For further information con-	cerning this matter, pleas	e call:				
JUAN PORRAS		ai	813 : (	8024514		
Name of Co	ntact Person	<u>-</u>	Area Co	de & Daytime Telephone Number		
Enclosed is a check for the	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	Certified	al copy is	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Division of P.O. Box	ent Section of Corporations		Amend Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle		

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

FILED

onis APR 30 PH 4: 44

LA VIGIA CONSTRUCTION INC	2015 APR 30 FTT -
(Name of Corpora	and the second section of the section of t
P15000011341	ation as currently filed with the Florida Dept. of State) if CORIDA
(Doc	ument Number of Corporation (if know)
Pursuant to the provisions of section 607.1006, Florts Articles of Incorporation:	ida Statutes, this Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the	corporation:
	The new
	ord "corporation," "company," or "incorporated" or the abbreviation rp," "Inc," or "Co". A professional corporation name must contain the he abbreviation "P.A."
B. Enter new principal office address, if applicate (Principal office address MUST BE A STREET Al	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE E	3OX)
D. If amending the registered agent and/or registered agent and/or the new registered agent and/or the new registered.	tered office address in Florida, enter the name of the
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	, Florida (City) /Zip Code)
New Registered Agent's Signature, if changing R	
nereby accept the appointment as registered agent	t. I am familiar with and accept the obligations of the position.
Si	gnature of New Registered Agent, if changing

address of each Officer (Attach additional sheets Please note the officer/dip = President; V = Vice Executive Officer; CFO held. President, Treasure Changes should be noted	and/or E , if necess rector tits Presiden = Chief er, Direct I in the fo wes the c	Director be sary) le by the fit; T= Tre Financial or would blowing neorporation	peing added:  first letter of the office title:  fasurer; S= Secretary; D= Director; TR=  Officer. If an officer/director holds mon  be PTD.  nanner. Currently John Doe is listed as the  on, Sally Smith is named the V and S. The.	er/director being removed and title, name, and  = Trustee; C = Chairman or Clerk; CEO = Chief re than one title, list the first letter of each office he PST and Mike Jones is listed as the V. There is se should be noted as John Doe, PT as a Change,
X Change	<u>PT</u>	John Do	<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)	<u>Title</u>		Name	<u>Addres</u> s
1) Change	P		JUAN F PORRAS HERNANDEZ	6014 N OLIVE AVE
X Add				TAMPA, FL 33614
Remove				
2) X Change	Т		OSIEL SEGOVIA	9604 KIRKHILL COURT
Add		_		TAMPA FL 33615
Remove				
3) Change		<del></del>		
Add				
Remove				
4) Changa				
4) Change Add		_		
Remove				
Keme te				
5) Change	<u></u>	_		
Add				
Remove				
6) Change		<del></del>		
Add				

\_ Remove

E. If amending or adding additional Articles, enter change(s) here:  (Attach additional sheets, if necessary). (Be specific)
ARTICLE VII
The Initial officer(s) and /or director(s) of the corporation is/are:
Title: P
Porras Hernandez, Juan
6014 N Olive ave
Tampa FL 33614
Title: VP
Romanguera, Pedro
7216 North Thatcher ave
Tampa FL 33614
Title: Treasurer
Segovia, Osiel
9604 Kirkhill court
Tampa Fl 33615
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N/A)

	04/27/2015	
The date of each amendment(s) ac date this document was signed.	option:	, if other than the
	7/2015	
Effective date if applicable:	(no more than 90 days after amendment file date)	<del></del>
	(no more many o days differ amonament fire date)	
<b>Note:</b> If the date inserted in this be document's effective date on the De	lock does not meet the applicable statutory filing requirements, this date will partment of State's records.	not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were add by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.	
	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were add action was not required.	pted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were add action was not required.	pted by the incorporators without shareholder action and shareholder	
04/27/2015 Dated		
	Dell Squia	
	rector, president or other officer – if directors or officers have not been incorporator – if in the hands of a receiver, trustee, or other court	
	ed fiduciary by that fiduciary)	
	OSIEL SEGOVIA	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	