P150000 19921

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	ATION: URIBE UNDE	RGROUND CONST	RUCTION INC
DOCUMENT NUMBI	ER: <u>P15000019921</u>		
The enclosed Articles of	f Amendment and fee are su	ibmitted for filing.	
Please return all corresp	ondence concerning this ma	atter to the following:	
	MA	RIA D AMBROCIO GA	ARCIA
		Name of Contact Perso	11
_	URIBE UN	IDERGROUND CONS	STRUCTION INC
_		Firm/ Company	
_		2048 RIDGELANE R	D
		Address	
_	(CLEARWATER, FL 33	755_
		City/ State and Zip Cod	e
		yanetza08@gmail.co/	m
_	E-mail address: (to be us	sed for future annual report	
For further information	concerning this matter, plea	se call:	
	MBROCIO GARCIA)_831-5068
Name of	Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Dep	artment of State:
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amen Divisi P.O. B	ng Address dment Section on of Corporations Box 6327 assee, FL 32314	Ameno Divisio The C 2415 i	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303

Articles of Amendment Articles of Incorporation of

URIBE UNDERGROUND CONSTRUCTION INC (Name of Corporation as currently filed with the Florida Dent. of State)

(maine of C	orporation as currently	med with the riorida	Dept. of State)		
	P150000	19921			
	(Document Number of C	Corporation (if known)	<u> </u>		
Pursuant to the provisions of section 607.100 its Articles of Incorporation:	06, Florida Statutes, this <i>Fl</i>	lorida Profit Corporati	ion adopts the fol	lowing an	iendment(s
A. If amending name, enter the new name	e of the corporation:				
				The	e new
name must be distinguishable and contain the "Inc.," or Co.," or the designation "Corp" chartered," "professional association," or	o, " "Inc." or "Co". 1				
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)		2048 RIDGELANE RD			
		CLEARW	ATER, FL 33	3755	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		2048 R	RIDGELANE	RD	
		CLEAR	WATER, FL 33	3755	<u>.</u>
D. If amending the registered agent and/o new registered agent and/or the new re		ss in Florida, enter th	e name of the		SSVRV SALVEN
Name of New Registered Agent					
	2048 RIDGEL	ANE RD			JE STAFE LELORID.
	(Florida street				他所に
New Registered Office Address:	CLEAR		, Florida	33755	
Ci		ity)		(Zip Code)	I
New Registered Agent's Signature, if chan I hereby accept the appointment as registered		h and accept the obliga	ations of the posi	tion.	
Maria	Ambroci	0			
	Ambrood Signature of New Reg	istered Agent, if chang	ing		

Check if applicable

☑ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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)

_ Remove

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 = 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, 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.

X Change	<u>PT</u>	John Doc	
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>	Address
1) Change		_	
Add			
Remove			
2) Change	 	-	
Add			
Remove 3) Change			2020 HAR 25
Add			HAR HAR
Remove			
4) Change			0F \$1A.
Add			75. 02 07.10.10.10.10.10.10.10.10.10.10.10.10.10.
Remove			
5) Change			
Add			
Remove			
6) Change		-	
Add			

ED

. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)		
		_
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If an amendment provides for an exchange, reclassification, or cancellation of issued shares,	2.4	_
provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)		
PLEASE CHANGE OUR ADDRESSES:		
		_
ARIA D AMBROCIO GARCIA -VP: 2048 RIDGELANE RD, CLEARWATER FL 33755		_
JAN DAVID MAYE AMBROCIO -P: 2048 RIDGELANE RD, CLEARWATER FL 33755		_
	-	_
		_
		_
		_

The date of each amendment(s) adoption	:03/19/2020	, if oth	er than	the
date this document was signed.				
Effective date if applicable:	03/19/2020			
	(no more than 90 days after amendment file date)		_	
Note: If the date inserted in this block do- document's effective date on the Departmen	es not meet the applicable statutory filing requirements, this date wat of State's records.	vill not be li	sted as	the
Adoption of Amendment(s)	(CHECK ONE)			
☑ The amendment(s) was/were adopted by action was not required.	the incorporators, or board of directors without shareholder action a	nd sharehold	ier	
☐ The amendment(s) was/were adopted by by the shareholders was/were sufficient	the shareholders. The number of votes cast for the amendment(s) for approval.			
	y the shareholders through voting groups. The following statement thing group entitled to vote separately on the amendment(s):			
"The number of votes cast for the a	amendment(s) was/were sufficient for approval		2020 HAR	¥*.
by	(voting group)	至四	A R	
	(voting group)	100 A	25	1
Dated03/1	9/2020.	CELFLORID	PH IN	
Signature Ma	la Ambrocio	3 7	02	
(By a director, p	president or other officer – if directors or officers have not been			
	incorporator - if in the hands of a receiver, trustee, or other court			
appointed fiduc	ciary by that fiduciary)			
M	ARIA D AMBROCIO GARCIA	_	_	
	(Typed or printed name of person signing)			
	VICE PRESIDENT			
	(Title of person signing)		-	