P15000032023

Office Use Only



100294984731

02/13/17--01036--015 **35.00

THE 13 PH 1:51

FEB 1 5 2017 C MCNAIR

COVER LETTER

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: Oliva's Construction Inc P15000032023 DOCUMENT NUMBER: _ The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Roberto Oliva Silva Name of Contact Person Oliva's Construction Inc Firm/ Company 15885 W Prestwick PL Address Miami Lakes, FL 33014 City/ State and Zip Code For further information concerning this matter, please call: at (786-) 212-4847

Area Code & Daytime Telephone Number Roberto Oliva Silva Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: □S43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee ■ \$35 Filing Fee Certificate of Status Certificate of Status Certified Copy Certified Copy (Additional copy is (Additional Copy enclosed) is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Clifton Building

Division of Corporations

Tallahassee, Fl. 32314

P.O. Box 6327

ON FEB 13 PM 1:51

Articles of Amendment to Articles of Incorporation of

ANTEGRAPHON TO PAN 1:5

Oliva's Construction Inc	
(Name of Corporation as curre	ntly filed with the Florida Dept. of State)
P15000032023	
(Document Number	r of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, thits Articles of Incorporation:	is Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
Oliva's Kitchen & Bathroom Inc.	Thenew
name must be distinguishable and contain the word "corpora "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	
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 at new registered agent and/or the new registered office addr	
Name of New Registered Agent	N/A
(Florida	street address)
New Registered Office Address:	, Florida(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Age I hereby accept the appointment as registered agent. I am familia	or with and accept the obligations of the position.
Signature of Nev	v Registéred 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 = 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 Do	<u>c</u>	
X Remove	<u>v</u>	Mike Jos	nes	
X Add	<u>sv</u>	Sally Sn	nith	
Type of Action (Check One)	Title		Name	<u>Addres</u> s
1) Change	· <u>* · · · · · · · · · · · · · · · · · · </u>	_		
Add				- 1/n
Remove				<u> </u>
2) Change		_		
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				······
6) Changa				
6) Change				
Add				
Remove				

amending or addinational she	ets, if necessary).	(Be specific)			
		·			
		. <u></u>	/		
		1/	h		
		A / /	H		
		- ////			
	·	/		<u></u>	
		· · ·			
<u></u>			 		
		<u> </u>			
an amendment pro	vides for an exc	hange, reclassific	ation, or cancellat	ion of issued sha	ires.
<u>rovisions for imple</u>	menting the ame	endment if not co	ntained in the am	endment itself:	
(if not applicabl	t, indicate N/A)				
					
		1	/ 10		
		$\frac{1}{a}$			
		/// /-	P1		
<u>. </u>		//	<u> </u>		

The days of each accordance (a) and	, 	N/A.	, if other than the
The date of each amendment(s) ad date this document was signed.	opaon:		, if other than the
Effective date <u>if applicable</u> :	(no more than	90 days after amendment file a	late)
Note: If the date inserted in this bl document's effective date on the Dep		icable statutory filing requiren	nents, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	•	
☐ The amendment(s) was/were adop by the shareholders was/were suf		ne number of votes cast for the	amendment(s)
☐ The amendment(s) was/were appromust be separately provided for a			
"The number of votes cast f	or the amendment(s) was/we	ere sufficient for approval	
by		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
•	(voting group)	_	
☐ The amendment(s) was/were adop action was not required.	oted by the board of directors	s without shareholder action ar	nd shareholder
The amendment(s) was/were adopaction was not required.	oted by the incorporators wit	thout shareholder action and sh	archolder
Dated	14/2017.		
Signature 👌 🗸	Roberto		
(By <u>a</u> di		icer – if directors or officers ha	
		he hands of a receiver, trustee,	or other court
appointe	ed fiduciary by that fiduciary	\sim 1	
-	Roberto	DIVA SILVA	9
	(Typed or printed	name of person signing)	
_	492	RESIDENT	
_	(Title	of person signing)	