P15000055548

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SECON TAR COT SINGE DIVISION OF CONTROL SINGE

DEC 1 2015 C LEWIS

COVER LETTER

Division of Corporations NAME OF CORPORATION: CAMPOS DESIGN-BUILD CO. INC P15000055548 The enclosed Articles of Amendment and fee are submitted for filing Please return all correspondence concerning this matter to the following: MAIMONIDES CAMPOS

Name of Contact Person CAMPOS DESIGN-BUILD CO. INC 2915 GRANADA BLVD
Address ORSE GABCUS, FC 33/34

City/ State and Zip Code AMPOS BUILDER & AUL. Com
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Name of Contact Person at (305) 978-3162

Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: □\$43.75 Filing Fee & \$35 Filing Fee □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy

Mailing Address

TO: Amendment Section

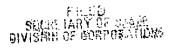
Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

is enclosed)

Articles of Amendment to Articles of Incorporation of



CAMPOS DEST	162-130100	Cu.	INC.	15 NUV 3U	PM 1.00
			the Florida Dept	. of State)	
P 1500	00 55548				
	(Document Number of		n (if known)		
Pursuant to the provisions of section 607.1 its Articles of Incorporation:	006, Florida Statutes, this I	Florida Pro	fit Corporation ac	lopts the followin	g amendment(s) to
A. If amending name, enter the new na	me of the corporation:				
					The new
name must be distinguishable and conto "Corp.," "Inc.," or Co.," or the designa- word "chartered." "professional associat	ation "Corp," "Inc," or "C	Co". A pre			bbreviation
B. Enter new principal office address, i (Principal office address MUST BE A ST		-		· · · · · · · · · · · · · · · · · · ·	
C. Enter new mailing address, if applic	robia:	·	······································		
(Mailing address MAY BE A POST O				.,	
D. If amending the registered agent and new registered agent and/or the new			ida, enter the nan	ne of the	
Name of New Registered Agent					_
	(Florida stre	et address)			-
New Registered Office Address:				, Florida	
-	((City)		(Zip	Code)
New Registered Agent's Signature, if ch I hereby accept the appointment as registe			cept the obligation	s of the position.	
 	Signature of New Re	egistered A	gent 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 <math>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: X Change	PT John Doe	
X Remove	<u>V</u> <u>Mike Jones</u>	
X Add	SV Sally Smith	
Type of Action (Check One)	<u>Title</u> <u>Name</u>	<u>Addres</u> s
(1) Change	P MAIMONIDES CAMPOS	2915 GRANNON BUND
		lown GABLES, FL
Remove		37/34
(2) Change	VP CRISANTO E. CAMPOS JR	<i>‡</i>
Add		Corn Espeus, fe
Remove		33134
(3) Change	NP LUSLIE C. CAMPOS	2915 GRANADA BLVD
Add		Copse 62BUES, FC
Remove		73134
(4) Change	VP ERLANG CAMPOS-KILKEN	NY 2915 GRANADA BLUD
Add		Corn GASLES, FC
Remove		33134
5) Change		
Add		
Remove		
6) Change		
Add		
Remove		

ttach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)

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an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
rovisions for implementing the ame	ndment if not contained in the amendment itself:
rovisions for implementing the ame (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
rovisions for implementing the ame	ndment if not contained in the amendment itself:
rovisions for implementing the ame	ndment if not contained in the amendment itself:
orovisions for implementing the ame (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
novisions for implementing the ame (if not applicable, indicate N/A) MAIMONIOES	ndment if not contained in the amendment itself: (AMPOS (80 SWARES)
novisions for implementing the ame (if not applicable, indicate N/A) MAIMONIOES	ndment if not contained in the amendment itself:
novisions for implementing the ame (if not applicable, indicate N/A) MAIMONIOES	ndment if not contained in the amendment itself: (AMPOS (80 SWARES)
novisions for implementing the ame (if not applicable, indicate N/A) MAIMONIOES	ndment if not contained in the amendment itself: (AMPOS (80 SWARES)
orovisions for implementing the ame (if not applicable, indicate N/A) MAIMONIOES	ndment if not contained in the amendment itself: (AMPOS (80 SWARES)

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	Establish to the state of the s
Effective date if applicable:	DIVISION OF GORD STATEMY
(no more than 90 days o	ofter amendment file date) 15 NOV 30 PM 1:00
No. 100 Last and all last and a second at the second	19 MUV 30 PM 1:00
Note: If the date inserted in this block does not meet the applicable stadocument's effective date on the Department of State's records.	itutory filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The numbe by the shareholders was/were sufficient for approval.	r of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voice must be separately provided for each voting group entitled to vote separately provided.	
"The number of votes cast for the amendment(s) was/were suffic	ient for approval
by	"
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without action was not required.	shareholder action and shareholder
☐ The amendment(s) was/were adopted by the incorporators without shar action was not required.	reholder action and shareholder
Dated /1/23/1/5	
Dated 11/23/1/5 Signature My Dan Bo	
(By a director, president or other officer – if o	lirectors or officers have not been
selected, by an incorporator—if in the hands appointed fiduciary by that fiduciary)	of a receiver, trustee, or other court
MAIMONIDES (Typed or printed name of	CAMPOS
(Typed or printed name of	person signing)
President (Title of person)	ENT
(Title of perso	n signing)