P15000058182

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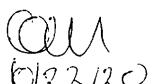
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: FAB5 Constructio	n Inc.		
DOCUMENT NUME	D15000059192			
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corres	pondence concerning this ma	tter to the following:		
	Carlos Fabian			
•		Name of Contact Person	n	
	FAB5 Construction Inc.			
•		Firm/ Company		
	5300 Washington Street, Sui	, ,		
		Address		
	Hollywood, FL 33021			
-	<u> </u>	City/ State and Zip Code	ρ	
		Only, State and 21p Cod	~	
_	racing3656@gmail.com			
	E-mail address: (to be us	sed for future annual report	notification)	
For further information	concerning this matter, please	se call:		
Carlos Fabian		at (954	790-4120	
Name o	f Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:	
□ \$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	■\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

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HOLLYWOOD CONSTRUCTION, INC.

(<u>Name</u>	of Corporation as curren	tly filed with the Florida Dept. of State)		
P15000058182		MECKHASSEL, I LUP		
	(Document Number	of Corporation (if known)		
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this	s Florida Profit Corporation adopts the following amendment(s) to		
A. If amending name, enter the new n	ame of the corporation:			
FAB5 Construction Inc.		The new		
name must be distinguishable and contair "Inc.," or Co.," or the designation "("chartered," "professional association,"	Corp," "Inc," or "Co".	"company," or "incorporated" or the abbreviation "Corp.," A professional corporation name must contain the word		
B. Enter new principal office address,	if applicable:	5300 Washington Street, Suite C117		
(Principal office address <u>MUST BE A S</u>		Hollywood, FL 33021		
C. Enter new mailing address, if appl (Mailing address MAY BE A POST		P.O. Box 816486		
		Hollywood, FL 33081		
 If amending the registered agent are new registered agent and/or the new registered agent are new registered. 				
Name of New Registered Agent	Carlos Fabian	_		
name of tver negative en rigen	5300 Washington Street,	Suite C117		
	(Florida s	treet address)		
New Registered Office Address:	Hollywood, FL	Florida 33021		
		(City) (Zip Code)		
New Registered Agent's Signature, if c	hanging Registered Agen	*•		
I hereby accept the appointment as regist	ered agent. I am familiar	with and accept the obligations of the position.		
	M.F.			
· -	Signature of New I	Registered Agent, if changing		
	3 - 7 - 3, - 1, - 1, - 1, - 1, - 1, - 1, - 1,			

Check if applicable

■ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), 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)

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.

Example:								
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	<u>nith</u>					
Type of Action (Check One)	<u>Title</u>		Name			<u>Addres</u> s		
1) Change		_						
Add								
Remove							<u>-</u>	
2) Change		_						
Add								
Remove 3) Change		_						
Add				_				
Remove								-
4) Change			·					
Add								
Remove								
5) Change		_						
Add								
Remove					_			
6) Change		_						
Add								-
Damova						<u> </u>		

	ing or adding additional Aiditional Sheets, if necessary)). (Be specific)			
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f an ame	ndment provides for an exc	change, reclassification	on, or cancellation of	issued shares,	
provision	ns for implementing the am	nendment if not conta	ined in the amendme	ent_itself:	
(if no	ot applicable, indicate N/A)				
	-				
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A					

The date of each amendment(s) a date this document was signed.	doption:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file da	te)
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirement of State's records.	ents, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ad action was not required.	opted by the incorporators, or board of directors without share	cholder action and shareholder
☐ The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes cast for the a ufficient for approval.	mendment(s)
	proved by the shareholders through voting groups. The follow reach voting group entitled to vote separately on the amendm	
"The number of votes cas	t for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
	lirector, president or other officer – if directors or officers have	
	ed, by an incorporator – if in the hands of a receiver, trustee, o	r other court
арроп	nted fiduciary by that fiduciary)	
	Carlos Fabian	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	

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