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COVER LETTER

Division of Corporations
NAME OF CORPORATION: Madriaga Contracting, Inc.
DOCUMENT NUMBER: P 50000 65141
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Michael Madriaga Name of Contact Person Madriaga Contact Person Trace
Madriaga Contracting, Inc.
122 Sunset Trail
122 Sunset Trail Address Freeport, FL 32439 City/ State and Zin Code
madriaga contracting a gmail. com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Michael Madriaga at (850) 687-1432 Name of Contact Person at (850) Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
S35 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) S43.75 Filing Fee & Certified Copy (Additional Copy is enclosed)

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

Articles of Amendment

to

Articles of Incorporation

of

<u>Madriaga Contractio</u>	na Inc.	
(Name of Corporation as current)	y filed with the Florida Do	ept. of State)
P15000065		
(Document Number o	f Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation	adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:		
N/A		The new
name must be distinguishable and contain the word "corporatio "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or " word "chartered," "professional association," or the abbreviation	Co". A professional corpe	porated" or the abbreviation
B. Enter new principal office address, if applicable:	N/A	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)		
	·	= = 1
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NIA	
(Mailing duaress MAT DE A POST OF FICE BOA)		P 0
		<u> </u>
		<u> </u>
D. If amending the registered agent and/or registered office addr new registered agent and/or the new registered office address		ame of the
Name of New Registered Agent N/R		
(Florida str	eet address)	
New Registered Office Address: N/A		. Florida
New Registered Office Hudress.	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar v		ons of the position.
Signature of New R	legistered Agent, if changing	<u> </u>

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 Doe	
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>	<u>Addres</u> s
i) Change	D	Walter Martin	1630 Scenic Gulf Dr. #8 Miramar Beach, FL 3255
X Add			Miramar Beach, FL 3255
Remove			
2) Change			
Add			
Remove			
3)Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	ding or adding additional Art additional sheets, if necessary).	(Be specific)			
	N/A				
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<u>fan am</u>	endment provides for an exc	hange, reclassificat	tion, or cancellatio	n of issued shares,	
	ons for implementing the amonot applicable, indicate N/A)	endment if not con	tained in the amen	dment itself:	
<u>provisi</u>					
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The date of each amendment(s) adoption:	if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 day	rs after amendment file date)
Note: If the date inserted in this block does not meet the applicable document's effective date on the Department of State's records.	statutory 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 numby the shareholders was/were sufficient for approval.	ber of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through must be separately provided for each voting group entitled to vote s	
"The number of votes cast for the amendment(s) was/were suf	ficient for approval
by	"
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors with action was not required.	out shareholder action and shareholder
The amendment(s) was/were adopted by the incorporators without s action was not required.	hareholder action and shareholder
Dated January 2, 2019	-
Signature (By a director, president or other officer –	if directors or officers have not been
selected, by an incorporator - if in the han	ds of a receiver, trustee, or other court
appointed fiduciary by that fiduciary)	
Michael Ma (Typed or printed name	of person signing)
President	•
	rson signing)