

## P150000 75240

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: AJB LOPEZ CON	STRUCTION INC	
DOCUMENT NUMI	BER: P15000075240		
	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	DELMAR LOPEZ TORRES		
		Name of Contact Person	1
	AJB LOPEZ CONSTRUCTI	ON INC	
		Firm/ Company	
	1030 S J ST, B	y company	
		Address	
	LAKE WORTH, FL 33460		
		City/ State and Zip Cod	е
ioem	arvending@gmail.com		
		sed for future annual report	notification)
	`	•	·
For further informatio	n concerning this matter, pleas	se call:	
DELMAR LOPEZ TO	ORRES	at ( <sup>561</sup>	667-0877
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	r 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 Clifton Building 2661 Executive Center Circle	

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

AJB LOPEZ CONSTRUCTION INC	

(Name of Corpora	ation as currently filed with the Flo	orida Dept. of State)
P15000075240		
(Doc	ument Number of Corporation (if kn	own)
tursuant to the provisions of section 607.1006, Flores Articles of Incorporation:	ida Statutes, this <i>Florida Profit Cor</i>	poration adopts the following amendment(s)
a. <u>If amending name, enter the new name of the</u>	corporation:	
name must be distinguishable and contain the w "Corp.," "Inc.," or Co.," or the designation "Co word "chartered," "professional association," or to	rp," "Inc," or "Co". A profession	The new r "incorporated" or the abbreviation nal corporation name must contain the
Enter new principal office address, if applical	ble:	
Principal office address <u>MUST BE A STREET A</u>		
	<u> </u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE I	<u> </u>	
	·	
	- <del></del>	
. If amending the registered agent and/or regis		er the name of the
new registered agent and/or the new registere	ed office address:	
Name of New Registered Agent		
And the state of t		
	(Florida street address)	
New Registered Office Address:		, Florida
•	(City)	(Zip Code)
lew Registered Agent's Signature, if changing R	egistered Agent:	
hereby accept the appointment as registered agent		obligations of the position.
	gnature of New Registered Agent, if	changing Class
Si,	Sname of them negative a ngett, if	changing — 2
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		95 F
		<b>≃</b> 2€

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>	Name	Address
1) Change	VP	DOMINGA PEREZ-JIMENEZ	1030 S J ST
Add X Remove			B LAKE WORTH, FL 33460
2) Change	VP	RAMONA TOMAS	1030 S J ST
X Add			В
Remove			LAKE WORTH, FL 33460
3) Change	<del></del>		
Add			
Remove			
4) Change			
Add			
Remove			<del></del>
5) Change	····		
Add			
Remove			
6) Change	·····		
Add			
Damova			

Attach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)	
	<u>, , , , , , , , , , , , , , , , , , , </u>	
		,
		<u>, , , , , , , , , , , , , , , , , , , </u>
provisions for implementing the amer	ange, reclassification, or cancellation of issued share adment if not contained in the amendment itself:	<u></u>
(if not applicable, indicate N/A)		
	•	

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	······································
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date document's effective date on the Department of State's records.	will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statemen must be separately provided for each voting group entitled to vote separately on the amendment(s):	t
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"  (voting group)	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
5/25/2017 Dated	
Signature  (By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	<del></del>
DELMAR LOPEZ TORRES	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	