## P/5000035356

(Re	equestor's Name)	
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: MOSTRO EXC	CAVATING SERVICES INC.				
DOCUMENT NUMBER: P15000085356					
The enclosed Articles of Amendment and fee are	e submitted for filing.				
Please return all correspondence concerning this	matter to the following:				
JESUS M. MORALES					
	Name of Contact Person				
JESUS M. MORALES	JESUS M. MORALES				
	Firm/ Company				
MOSTRO EXCAVATIN	G SERVICES INC.				
	Address				
12908 66TH STREET NO	ORTH WEST PALM BEACH FL. 33412				
	City/ State and Zip Code				
MOSTROBOBCAT2@GMAII	L.COM				
<del>-</del>	e used for future annual report notification)				
For further information concerning this matter, p					
Name of Contact Person	Area Code & Daytime Telephone Number				
Enclosed is a check for the following amount ma	de payable to the Florida Department of State:				
□ \$35 Filing Fee Certificate of Statu					
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

SAME				
(Name o	of Corporation as currer	ntly filed with the Florida Dep	t, of State)	
MOSTRO EXCAVATING SERVICES I	INC.			
	(Document Number	of Corporation (if known)		
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, th	is Florida Profit Corporation a	dopts the following amendme	ent(s) to
A. If amending name, enter the new na	me of the corporation:			
N/A		·	The new	,
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or	"Co". A professional corpor		
n n	re R La	N/A		
B. Enter new principal office address, (Principal office address <u>MUST BE A S</u>				
	,			
C. Enter new mailing address, if appli (Mailing address MAY BE A POST)		N/A	N/A	
(Mulling duaress MAT BE A FOST)	OFFICE BOX			
D. If amending the registered agent an new registered agent and/or the new			me of the	
new registered agent and/of the nev	N/A	<u>.535.</u>		
Name of New Registered Agent				
	(Florida	street address)		
New Registered Office Address:			, Florida	
		(City)	(Zip Code)	
New Registered Agent's Signature, if c				
I hereby accept the appointment as regist	ered agent. I am familia	r with and accept the obligation	ns of the position.	
			•	
			جو	
	Signature of New	Registered Agent, if changing		
	Digitature of Hen	Typosociou rigom, ij changing	3 B 7	
			· ; · ( ) · · · · · · · · · · · · · · · · ·	

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.

X Change	PT	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name Juniu	Address
1) Change	VP	L, Llian WINTAN MORALES	12908 66TH STREET N
Add			
X Remove			WEST PALM BCH FL.33412
2) Change		_	
Add			
Remove			
3) Change			
Add			
Remove			
4) Change	<u> </u>		
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Damava			

/A	sheets, if necessary).	icles, enter change(s) (Be specific)	· · · · · ·	
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lf an amendment	provides for an excl	hange, reclassification	a. or cancellation of issued	shares.
provisions for in	nplementing the amo	hange, reclassificatio indment if not contai	n, or cancellation of issued ned in the amendment itse	snares, lf:
(if not applic	provides for an exclude an exclud	hange, reclassificatio endment if not contai	n, or cancellation of issued ned in the amendment itse	<u>shares,</u> l <u>f:</u>
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provisions for in	nplementing the amo	endment if not contai	ned in the amendment itse	shares, If:

The date of each amendment(s)	) adoption:	, if other than the
date this document was signed.		
	SEPTEMBER 5TH 2016	
Effective date if applicable:		<del></del>
	(no more than 90 days after amendment file date)	
Note: If the date inserted in thi document's effective date on the	is block does not meet the applicable statutory filing requirements, this date Department of State's records.	will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	t
"The number of votes c	ast for the amendment(s) was/were sufficient for approval	
by N/A	.,,	
	(voting group)	
action was not required.	adopted by the board of directors without shareholder action and shareholder adopted by the incorporators without shareholder action and shareholder	
DatedSignature		
sele	a director, president or other officer – if directors or officers have not been cted, by an incorporator – if in the hands of a receiver, trustee, or other court binted fiduciary by that fiduciary)	
	JESUS M. MORALES	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	