P1600001406

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone	#)
PICK-UP WAIT	MAIL
(Business Entity Nam	pe)
(Document Number)	
Certified Copies Certificates	of Status
Special Instructions to Filling Officer:	
1. HORNE NOV - 1 20	D.





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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

AMALGAMATED E	ENGINEERIN	G, INC.		
			<u></u>	
				Art of Inc. File
			1	LTD Partnership File
				Foreign Corp. File
				L.C. File
				Fictitious Name File
				Trade/Service Mark
				Merger File
				Art, of Amend, File
				RA Resignation
				Dissolution / Withdrawal
				Annual Report / Reinstatement
				Cert. Copy
				Photo Copy
				Certificate of Good Standing
			<u> </u>	Certificate of Status
				Certificate of Fictitious Name
				Corp Record Search
				Officer Search
				Fictitious Search
Signature				Fictitious Owner Search
J.g.iatti v				Vehicle Search
				Driving Record
Requested by: SETH	10/31/22			UCC 1 or 3 File
Name	Date	Time		UCC 11 Search
Nume	Dak	THIC		UCC 11 Retrieval
Walk-In Thomselve GA &/cc	Will Pick Up			Courier

Amendment Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

TO: Amendment Section

COVER LETTER

Division of Co	rporations					
NAME OF CORPO	ORATION: AMALGAMATE	D ENGINEERING, INC.				
	MBER: P16000001406	<u>.</u>				
The enclosed Article	es of Amendment and fee are su	bmitted for filing.				
Please return all cor	respondence concerning this ma	itter to the following:				
	MICHAEL SARABJIT, CPA	\				
		Name of Contact Person	1			
	MIKE'S TAX AND ACCOU	INTING, INC.				
		Firm/ Company				
	269 N. UNIVERSITY DRIV	E, SUITE B				
	Address					
	PEMBROKE PINES, FL 330	024				
		City/ State and Zip Cod	e			
	MICHAEL_SARABJIT@YA	аноо.сом				
	E-mail address: (to be us	sed for future annual report	notification)			
For further informat	ion concerning this matter, plea	se call:				
MICHAEL SARAI	зит	954 at () 893-1399 de & Daytime Telephone Number			
Nam	e of 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	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)			
Mailing Address		Street	Address			

Amendment Section

Division of Corporations

Tallahassee, FL 32303

The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Articles of Amendment to Articles of Incorporation of

AMALGAMATED ENGINEERING, INC.

(Document Number of Corporation (if known) result to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amount of the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amount of the provisions of the corporation: If amending name, enter the new name of the corporation: MALGAMATED CONSTRUCTION GROUP INC The profit Corporation adopts the following amount of the corporation: "The profit Corporation adopts the following amount of the corporation of the corporation and profit corporation adopts the following amount of the corporation: "The profit Corporation adopts the following amount of the corporation of the corporation of the corporation adopts the following amount of the corporation of the corporation and corporation of the abbreviation of the corporation and corporation name must contain the corporation of the corpor	(Name of Corporation	n as currently filed with the Flo	rida Dept. of State)	
rsuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following and Articles of Incorporation: If amending name, enter the new name of the corporation: MALGAMATED CONSTRUCTION GROUP INC me must be distinguishable and contain the word "corporation." "company," or "incorporated" or the abbreviation "Carporation or "Co." or the designation "Corp." "Inc." or "Co". A professional corporation name must contain the whaterered, "professional association," or the abbreviation "P.A." Enter new principal office address, if applicable: incipal office address MUST BE A STREET ADDRESS.) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) If amending the registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: (City) (Zip Code) W Registered Agent's Signature, if changing Registered Agent:	216000001406			
Articles of Incorporation: If amending name, enter the new name of the corporation: MALGAMATED CONSTRUCTION GROUP INC me must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Carp.," or Co.," or the designation "Corp." "Inc." or "Co". A professional corporation name must contain the whatevered, "professional association," or the abbreviation "P.A." Enter new principal office address, if applicable: rincipal office address MUST BE A STREET ADDRESS.) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: (City) (Zip Code) W Registered Agent's Signature, if changing Registered Agent:	(Docume	ent Number of Corporation (if kno	own)	1
MALGAMATED CONSTRUCTION GROUP INC Theme must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Car, nc.," or Co.," or the designation "Corp." "Inc.," or "Co.". A professional corporation name must contain the whatereed, "professional association," or the abbreviation "P.A." Enter new principal office address, if applicable: rincipal office address MUST BE A STREET ADDRESS.) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: (City) (Zip Code) W Registered Agent's Signature, if changing Registered Agent:	ursuant to the provisions of section 607.1006, Florida S s Articles of Incorporation:	Statutes, this Florida Profit Corpo	oration adopts the following	2020 me SERMOC1
me must be distinguishable and contain the word "corporation." "company," or "incorporated" or the abbreviation "Corp., "or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must contain the whatered, "professional association," or the abbreviation "P.A." Enter new principal office address, if applicable: rincipal office address MUST BE A STREET ADDRESS.) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent	. If amending name, enter the new name of the cor	poration:	် လ	$\approx \omega$
me must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Carp." Inc.," or "Co.". A professional corporation name must contain the what rered," "professional association," or the abbreviation "P.A." Enter new principal office address, if applicable: rincipal office address MUST BE A STREET ADDRESS.) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: (City) Registered Agent's Signature, if changing Registered Agent:	MALGAMATED CONSTRUCTION GROUP INC			That nam
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: (City) (Zip Code) w Registered Agent's Signature, if changing Registered Agent:	Inc.," or Co.," or the designation "Corp," "Inc,"	or "Co". A professional corpe	porated" or the abbreviati	ion "Carp.," in the word th
If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: (City) (Zip Code) W Registered Agent's Signature, if changing Registered Agent:	. Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDR	RESS)		·
Name of New Registered Agent (Florida street address) New Registered Office Address: (City) (Zip Code) W Registered Agent's Signature, if changing Registered Agent:	. If amending the registered agent and/or registere	ed office address in Florida, ente	r the name of the	
(Florida street address) New Registered Office Address:	new registered agent and/or the new registered of	<u>mice address:</u>		
New Registered Office Address:, Florida	Name of New Registered Agent			
New Registered Office Address:, Florida				
(City) (Zip Code) w Registered Agent's Signature, if changing Registered Agent:		(Florida street address)		_
w Registered Agent's Signature, if changing Registered Agent:	New Registered Office Address:		, Florida	
		(City)	(Zip	Code)
Signature of New Panietavad Agant if changing	hereby accept the appointment as registered agent. I d	am familiar with and accept the o		_
Signature of New Registered Agent, if changing	Signati	ure of New Registered Agent, if cl	langing	
teck if applicable The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.	heck if applicable	37.0130.711.71.72.72		

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)

Example:

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.

X Change	PT	John Doe	
X Remove	$\underline{\mathbf{v}}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			·
Remove			

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Attach <i>addit</i>	onal sheets, if necessar	y). (Be specific	2)			
					, . .	
		<u> </u>				
						
						
			<u>.</u>			
	<u></u>					
	-					
	<u>_</u>					
- -						
f an amend	nent provides for an o	xchange, reclass	sification, or ca	ncellation of iss	ued shares,	
Uf not	or implementing the applicable, indicate N/A	<u>imendment if no</u> V	t contained in	the amendment	<u>itself:</u>	
(9 303)	ppricable, maleure 1971	,				
				- 		
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					<u>-</u> -	
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						<u> </u>

The date of each amendment(s) date this document was signed.	adoption:	if other than
Ç		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment	file date)
Note: If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing red Department of State's records.	quirements, this date will not be listed as
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were a action was not required.	dopted by the incorporators, or board of directors without	ut shareholder action and shareholder
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast f sufficient for approval.	or the amendment(s)
	pproved by the shareholders through voting groups. The each voting group entitled to vote separately on the each	
"The number of votes ca	st for the amendment(s) was/were sufficient for approva	ıl
by		
	(voting group)	
	ER 28, 2022	
Signature	DocuSigned by:	
selec	ধ্বাভেন্দ্ৰেণ্ণভাdent or other officer – if directors or officed, by an incorporator – if in the hands of a receiver, truted fiduciary by that fiduciary)	
	MUDASSAR KHAN	
	(Typed or printed name of person signing	
	PRESIDENT	
	(Title of person signing)	- 49

the

the

COVER LETTER

TO: Amendment Section Division of Corporations

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NAME OF CORP	ORATION: AMALGAMATE	D ENGINEERING, INC.	
	MBER: P16000001406		
	es of Amendment and fee are su	bmitted for filing.	
Please return all cor	respondence concerning this ma	atter to the following:	
	MICHAEL SARABJIT, СРА	\	
		Name of Contact Person	n
	MIKE'S TAX AND ACCOU	INTING, INC.	
		Firm/ Company	
	269 N. UNIVERSITY DRIV	E, SUITE B	
		Address	
	PEMBROKE PINES, FL 33	024	
		City/ State and Zip Cod	c
	MICHAEL_SARABJIT@Y.	аноо.сом	
		sed for future annual report	notification)
For further information	tion concerning this matter, plea	ro call:	
Tor further mornia	non concerning this matter, piea	se can.	
MICHAEL SARABJIT		954 at (de & Daytime Telephone Number
Nan	ne of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check	for the following amount made	payable to the Florida Dep	artment of State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 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