716000002528

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(Address)
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(City/State/Zip/Phone #)
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	DRATION: SOSA CONTRAC	TORS INC			
	1BER: P16000002528				
The enclosed Article	es of Amendment and fee are su	bmitted for filin	<u>g</u> .		
Please return all cor	respondence concerning this ma	tter to the follow	ring:		
	HELEN RODRIGUEZ				
		Name of Cor	itact Persor	1	
	TAXSMART ACCOUNTING SERVICES LLC				
		Firm/ Co	mpany		
	6653 POWERS AVE STE 13	36		1.	
		Addr	ess		
	JACKSONVILLE, FL 32217	•			
		City/ State ar	ıd Zip Codi	2	
	TAXSMARTCORP@GMAI	L.COM			
	E-mail address: (to be us	sed for future an	nual report	notification)	
For further informat	ion concerning this matter, pleas		04	733-0027	
Nam		Area Co	de & Daytime Telephone Number		
Enclosed is a check	for the following amount made	payable to the F	lorida Depa	artment of State:	
S35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	S43.75 Filis Certified Co (Additional of enclosed)	ру	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Ai Di P.	ailing Address nendment Section vision of Corporations O. Box 6327 Illahassee, FL 32314		Amend Divisio The Co 2415 N	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 ussee, FL 32303	

Articles of Amendment to Articles of Incorporation of

SOSA CONTRACTORS INC

(Name of Corporation as currently	filed with the Florida Dept. of State)
P16000002528	<u> </u>
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	Clorida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporation:	77
name must he distinguishable and contain the word "corporation, ""co	The new
"Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	
	202
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
(blading address MAT BE A POST OF FICE BOX)	
	11
D. If amending the registered agent and/or registered office addre	ess in Florida, enter the name of the
new registered agent and/or the new registered office address:	48
Name of New Registered Agent	, ,
(Florida stree	et address)
New Registered Office Address:	, Florida City) (Zip Code)
	Chy (7.1p Chae)
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent. I am familiar wi	ith and accept the obligations of the position.
	, , , , ,
Signature of New Reg	gistered Agent, if changing
Check if applicable	
☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c	e), 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)

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	<u>PT</u>	John Doe	
X Remove	$\underline{\mathbf{V}}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change		ANABEL MORENO	5729 HIGHWAY 17 S
Add		-	GREEN COVE SPRINGS, FL 320
X Remove			
2) Change			_
Add			
Remove Change			
Add			
Remove			
4) Change			_
Add			
Remove			
5) Change			
Add			
Remove			
റി Change			
Add			
Remove			

	l sheets, if necessary).	(Be specific)	<u>ge(s) here</u> :			
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provisions for i	it provides for an exc implementing the ami icable, indicate N/A)	hange, reclassific endment if not co	ation, or cancellantained in the ar	ation of issued sha nendment itself:	res,	
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The date of each amendment(s) adoption:date this document was signed.	, if other than the
Effective date if applicable:	
(no more than 90 days after amen	dment file date)
Note: If the date inserted in this block does not meet the applicable statutory fill document's effective date on the Department of State's records.	ng requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of directors action was not required.	without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders. The number of votes by the shareholders was/were sufficient for approval.	cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting group must be separately provided for each voting group entitled to vote separately or	
"The number of votes east for the amendment(s) was/were sufficient for a	•
by	"
(voting group)	
03/31/2020 Dated	
Signature (By a director, president or other officer – if directors o selected, by an incorporator – if in the hands of a receivappointed fiduciary by that fiduciary)	
JESUS SOSA	
(Typed or printed name of person si	gning)
PRESIDENT	

(Title of person signing)