P16000027240

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STANSON OF CORPORATIONS

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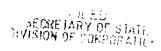
COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: KESHA'S CON	ISTRUCTION SERVICE CORP			
DOCUMENT NUMBER: P16000027240				
The enclosed Articles of Amendment and fee are	submitted for filing.			
Please return all correspondence concerning this	matter to the following:			
MABIELAA BELAUNZA	ARAN			
	Name of Contact Person			
KESHA'S CONSTRUCTION SERVICE CORP				
Firm/ Company				
2940 NW 151ST TERRA	CE			
Address				
OPA LOCKA FL 33054				
	City/ State and Zip Code			
MBELAUNZARAN@GMAIL.	COM			
-	e used for future annual report notification)			
E-man address. (to b	e used for future annual report notification)			
For further information concerning this matter, p	lease call:			
MABIELA BELAUNZARAN	at (786) 451-9525			
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 Status				
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallaharene, El. 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



KESHA'S CONSTRUCTION SERVICE CORP

2016 JUL 11 PM 3: 31

(Name of Corporati	ion as currently filed with the Florida Dept. of State)
P16000027240	
(Docum	ment Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Floridates Articles of Incorporation:	da Statutes, this Florida Profit Corporation adopts the following amendment(s
A. If amending name, enter the new name of the co	orporation:
	The new rd "corporation," "company," or "incorporated" or the abbreviation p," "Inc," or "Co". A professional corporation name must contain the eabbreviation "P.A."
B. Enter new principal office address, if applicable Principal office address MUST BE A STREET ADD	
Trincipui office unuress <u>most pe A Gracer ADE</u>	<u></u>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>DX</u>)
D. If amending the registered agent and/or register new registered agent and/or the new registered	red office address in Florida, enter the name of the
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Reg hereby accept the appointment as registered agent.	gistered Agent: I am familiar with and accept the obligations of the position.
Cinn.	nature of New Registered Agent if changing

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	<u>Addres</u> s
1) Change	P	MARIELA M BELAUNZARAN	2940 NW 151ST TERRACE
Add			OPA LOCKA, FL 33054
X Remove			
2) Change	P	MABIELA BELAUNZARAN	2940 NW 151ST TERRACE
X Add			OPA LOCKA, FL 33054
Remove			
3) Change	<u> </u>		
Add			
Remove			
4) Change		·	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific) F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	in a title
Effective date if applicable:	SECRETARY OF STATE
(no more than 90 days after amendment file date)	and and the
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this document's effective date on the Department of State's records.	2016 JUL 11 PM 3: 31 ate will not be listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
The amendment(s) was/were adopted by the shareholders. The number of votes east for the amendment(by the shareholders was/were sufficient for approval.	(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statem must be separately provided for each voting group entitled to vote separately on the amendment(s):	ent
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and sharehold action was not required.	er
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
JULY 7, 2016 Dated	
Signature 1994	
(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 cou appointed fiduciary by that fiduciary)	
MABIELA BELAUNZARAN	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	