P16000033084

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SECRETARY OF STATEMENT OF APR 20 PH 1: 23

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COVER LETTER

16 APR 20 PH 1: 23 TO: Amendment Section Division of Corporations NAME OF CORPORATION: AIS MASTER CONSTRUCTION INC P16000033084 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Diego F Chiriboga Name of Contact Person FIN-TAX SOLUTIONS, LLC Firm/ Company 2101 Vista Parkway, Ste 224 Address West Palm Beach, Fl 33411 City/ State and Zip Code fintaxdc@outlook.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Diego F Chiriboga Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ■ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status Certified Copy (Additional copy is (Additional Copy enclosed) is enclosed) **Mailing Address** Street Address Amendment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



AIS MASTER CONSTRUCTION INC

(Name o	f Corporation as currently	y filed with the Florida I	Dept. of State)
P16000033084			
	(Document Number of	Corporation (if known)	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this i	Florida Profit Corporatio	n adopts the following amendment(s) to
A. If amending name, enter the new na	me of the corporation:		
name must be distinguishable and com "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or "(Co". A professional cor	
B. Enter new principal office address,			
(Principal office address <u>MUST BE A S</u>	TREET ADDRESS)		
C. Enter new mailing address, if appli (Mailing address MAY BE A POST)			
D. If amending the registered agent an new registered agent and/or the new			name of the
Name of New Registered Agent	Medardo Antonio Ibarra		
	9191 Demery Dr		<u></u>
	(Florida str	eet address)	
New Registered Office Address:	Palm Beach Gardens		. Florida 33410
Tien Tiegistered Office Hadress.		(City)	(Zip Code)
New Registered Agent's Signature, if c I hereby accept the appointment as regist			itions of the position,
1 To P	5		
-	Signature of New R	Registered Agent, if change	ing —

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 Do	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	<u>nes</u>	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change	P		Medardo Antonio Ibarra	9191 Demery Dr
X Add				Palm Beach Gardens, Fl 33410
Remove				
2) Change	<u>. </u>	_		
Add				
Remove				
3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change	<u></u>			
Add				
Remove				
6) Change				
Add				
Remove				

f amending or adding additional Artic Attach additional sheets, if necessary).	(Be specific)	
·		
		
f an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	ange, reclassification, or cancellation of issued shall idment if not contained in the amendment itself:	res.

The date of each amendment(s) as date this document was signed.	doption:	, if other than th
Effective date if applicable:	(no more than 90 days after amendment file date)	<u> </u>
Note: If the date inserted in this be document's effective date on the De	block does not meet the applicable statutory filing requirements, this date variation of State's records.	will not be listed as th
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) officient for approval.	
	proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	,,,	
	(voting group)	
The amendment(s) was/were add action was not required.	opted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder	
04/16/2016 Dated	5	
Signature X		
(By a d selecte	irector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)	
	Medardo Antonio Ibarra	
	(Typed or printed name of person signing)	
	Incorporator	
	(Title of person signing)	<u> </u>