P160000 44576

(R	equestor's Name)			
(A	ddress)			
(A	ddress)			
(C	ity/State/Zip/Phone	#)		
PICK-UP	WAIT	MAIL		
(В	usiness Entity Nam	e)		
(Document Number)				
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AUG 1 8 2016

C LEWIS

COVER LETTER

Division of Corporations Dolomite Construction Corp. NAME OF CORPORATION: P16000044576 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Firm/ Company For further information concerning this matter, please call: 305) 510-0921 Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: \$43.75 Filing Fee & Certificate of Status □ \$35 Filing Fee **□\$43.75** Filing Fee & □\$52.50 Filing Fee Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy

Mailing Address

TO: Amendment Section

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

is enclosed)

FILEU SECRETARY OF STATE DIVISION OF CORPORATION

Articles of Amendment to Articles of Incorporation

2016 AUG -8 AM 8: 21

*	
Dolomite Construction Corp.	
(Name of Corporation as currently filed with the Florida Dept. 6f State)	
P16000044576	
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendits Articles of Incorporation:	iment(s)
A. If amending name, enter the new name of the corporation: MIRABA GLADING & EXCLUSION COTO. The name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbrevial	new
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviat "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain word "chartered," "professional association," or the abbreviation "P.A."	tion the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	_
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) **The state of the	- - -
D. 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 Alejandro L: MIRABAL 3032 S.W. 151 Ct	
(Florida street address)	_
New Registered Office Address:	_
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.	
Man de la companya del companya de la companya del companya de la	
Signature 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 <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.

Example: X_Change	<u>PT</u>	John Do	<u>oe</u>		
X Remove	<u>v</u>	Mike Jo	nes		
X Add	<u>sv</u>	Sally Sr	<u>nith</u>	/	
Type of Action (Check One)	<u>Title</u>		Name	\mathcal{N}/A .	Address
1) Change		_			
Add					
Remove					
2) Change		_		· · · · · · · · · · · · · · · · · · ·	
Add					
Remove					
3) Change		_			
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4) Change					***************************************
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Remove					
5) Change		_	***		
Add					
Remove					
6) Change		_			
Add					
Remove					

Attach addition	adding additional Ar al sheets, if necessary)	. (Be specific)	NA		
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					<u> </u>
					
					
					
		·····			
provisions for	ent provides for an ex r implementing the an olicable, indicate N/A)	nendment if not co	cation, or cancellation ontained in the amend	n of issued shares, iment itself:	
		 			

•	a) /4	EILE SECRETARY DIVISION OF CO	.U OF STATE RPORATIGAT
The date of each amendment(s) adoption:	~/A_		if other than the
date this document was signed.	. 1	2016 AUG -8	AM 8:21
Effective date if applicable:	~/A.		
(no more th	an 90 days after amendmer	nt file date)	
Note: If the date inserted in this block does not meet the a document's effective date on the Department of State's record		equirements, this date	e will not be listed as the
Adoption of Amendment(s) (CHECK ONE)			
☐ The amendment(s) was/were adopted by the shareholders. by the shareholders was/were sufficient for approval.	The number of votes cast	for the amendment(s)	
☐ The amendment(s) was/were approved by the shareholders must be separately provided for each voting group entitle			at
"The number of votes cast for the amendment(s) was	s/were sufficient for approv	al	
by(voting group)		. ,,	
(voting group)			
☐ The amendment(s) was/were adopted by the board of direct action was not required.	ctors without shareholder ac	ction and shareholder	
The amendment(s) was/were adopted by the incorporators action was not required.	without shareholder action	and shareholder	
Dated 7/22/20/6			
Signature			
(By a director, president or other	officer - if directors or off	icers have not been	
selected, by an incorporator – if appointed fiduciary by that fiduc		nistee, or other court	
	AD L, M'R) nted name of person signing	obel	
(Typed or prin	nted name of person signing	g)	
/	ges ideat		
T)	(itle of person signing)		