P16000046544

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(Ad	ldress)	
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C. CARROTHERS

COVER LETTER

Division of Corp	orations		
NAME OF CORPO	RATION: SMART4CONSTR	UCTION, INC	
DOCUMENTNUMBER:	P_16_0_00_0_4_65_4_4		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this mat	ter to the following:	
	ALEJANDRO DE LA ROSA		
		Name of Contact Person	1
	SMART4CONSTRUCTION	, INC	
		Firm/ Company	
	10164 SW 156 CT		
		Address	
	MIAMI, FL 33196		
		City/ State and Zip Cod	e
delar	osaalvarez89@gmail.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further informatio	n concerning this matter, pleas	e call:	
A le landr o d'e la R o s a-		at (786) 9 85 - 48 8 5
Name	of Contact Person	Area Coo	de & Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the Florida Depar	tment of State:
ii \$35 Filing Fee	0\$43.75 Filing Fee & Certificate of Status	0\$43.75 Filing Fee & Certified Copy (Additional copy is	0\$52.50 Filing Fee Certificate of Status Certified Copy

enclosed)

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

TO: Amendment Section

Street Address
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 3230 I

(Additional Copy is enclosed)

Articles of Amendment Articles of Incorporation of

SMA	RT_4	4CCO	NSTR	UCTI	ON	INC
W1417 P	'T / T -	TOOO	11011	$\circ \circ \cdot \cdot$	O	1110

(Name of Corporation as curren	tly filed with the Florida Dept. of Stat	<u>e</u>)		
P16000046544				
(Document Number	of Corporation (if known)			
Pursuant to the provisions of section 607.1006, Florida Statutes, thi its Articles of Incorporation:	s Florida Profit Corporation adopts the	following am	iendme	nt(s)
A. If amending name, enter the new name of the corporation:				
name must be distinguishable and contain the word "corporati "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation nam		viation	
B. Enter new principal office address, if applicable:	ALEJANDRO DE LA ROSA		(F)	
(Principal office address MUST BE A STREET ADDRESS)	10164 SW 156 CT.		18 g	
	MIAMI, FL 33196		<u> </u>	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	10164 SW 156 CT.	10 kg.	- 第 7	i.
	MIAMI, FL 33196		*®	
D. If amending the registered agent and/or registered office addressed registered agent and/or the new registered office addressed of New Registered Agent ALEJANDRO DE LA R	ss:			
(Florida s	treet address)			
New Registered Office Address: 10164 SW 156 CT. MIA	, Florida			
	(City)	(Zip Code)	

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.

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 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>	Satly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	P	RENAY BORGES	5325 SW 77 CT
Add			MIAMI, FL 33155
X Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			•

Attach additional sheets, if necessary).	icles, enter chang (Be specific)			
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	 =			
f an amendment provides for an excl	hange, reclassific	ation, or cancellat	ion of issued shares.	
provisions for implementing the ame (if not applicable, indicate N/A)	endment if not co	ntained in the ame	endment itself:	
(y not appricable, material (vii)				

The date of each amendment(s) adoption: date this document was signed.	, if other than the
•	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will n document's effective date on the Department of State's records.	ot be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for 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 adopted by the board of directors without shareholder action and shareholder action was not required.	
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated	
Signature	
(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 court appointed fiduciary by that fiduciary)	
(Typed or printed name of person signing)	
X (MC) 7-1	
(Title of person signing)	