## P16000055957

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## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: PROARQCONST	CONSTRUCTION INC	
DOCUMENT NUM	D16000055057		
The enclosed Articles	of Amendment and fee are sul	bmitted for filing,	
Please return all corre	spondence concerning this mat	tter to the following:	
	ANDRES SANCHO		
		Name of Contact Person	
	TAX DOT COM INC		
		Firm/ Company	
	2393 S CONGRESS AVE ST	TE 103	
		Address	
	WEST PALM BEACH, FL 3	3406	
		City/ State and Zip Code	
	ANDRES.SANCHO@GMAI	L.COM	
	E-mail address: (to be us	ed for future annual report	notification)
For further information	on concerning this matter, pleas	e call:	
ANDRES SANCHO		at ( 561	389 - 8529
Name of Contact Person		Area Coc	le & Daytime Telephone Number
Enclosed is a check for	or the following amount made p	payable to the Florida Depa	rtment of State:
□ \$35 Filing Fee	S43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Am Div P.O	iling Address endment Section ision of Corporations . Box 6327 ahassee, FL 32314	Division The Ce 2415 N	Address nent Section of Corporations ntre of Tallahassee . Monroe Street, Suite 810 ssee, FL 32303

## Articles of Amendment to Articles of Incorporation of

PROARQCONST CONSTRUCTION INC.

(Name of Corporation as c	urrently filed with the F	lorida Dept. of State)
P16000055957		
(Document Nu	umber of Corporation (if k	nown)
Pursuant to the provisions of section 607,1006, Florida Statutits Articles of Incorporation:	es, this <i>Florida Profit Co</i>	rporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporat	tion:	
PROARQCONST INC		<i>Th.</i>
name must be distinguishable and contain the word "corporat "Inc.," or Co.," or the designation "Corp," "Inc," or "C "chartered," "professional association," or the abbreviation	Co". A professional coi	The new corporated or the abbreviation "Corp.," rporation name must contain the word
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
	_	-
If amending the registered agent and/or registered offi- new registered agent and/or the new registered office a Name of New Registered Agent	address:	
Same of the negatives Agent	· · · · · · · · · · · · · · · · · · ·	<del></del>
	orida street address)	
New Registered Office Address:	(City)	, Florida
	,	,,,,, come,
New Registered Agent's Signature, if changing Registered	Agent:	
hereby accept the appointment as registered agent. I am fa	miliar with and accept the	e obligations of the position,
Signature of	New Registered Agent, if	Changing
Check if applicable		
☐ The amendment(s) is/are being filed pursuant to s. 607.012	20 (11) (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)

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 = ChiefExecutive 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	PT	<u>John Do</u>	<u>oc</u>				
X Remove	<u>V</u>	Mike_Jo	nes				
X Add	<u>sv</u>	Sally Sn	nith				
Type of Action (Check One)	Title		<u>Name</u>			<u>Addres</u> s	
1) Change		<del></del>					
Add							
Remove							
2) Change		_			<del></del>		
Add							<u> </u>
Remove 3 ) Change		_					
Add							
Remove						·	
4) Change		_					
Add						-	
Remove							
51 Change		_		<u> </u>			
Add							
Remove						-	
6) Change		_		_			
Add							
Remove							

f amending or adding additiona Attach additional sheets, if necessa	ary). (Be specific)	-	
			<del></del>
<u> </u>		·	- <del></del>
		<u> </u>	<del></del>
<del></del>		<del></del>	
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<del>-</del>	<del></del>		
f an amendment provides for an	exchange, reclassification, or	cancellation of issued share	<u>s.</u>
provisions for implementing the	amendment if not contained i	n the amendment itself:	
(if not applicable, indicate N/	A)		
	· · · · · · · · · · · · · · · · · · ·		
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	01/20/2021	
The date of each amendment(s) a date this document was signed.	idoption:	, if other than th
J		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the F	block does not meet the applicable statutory filing requirements, this date bepartment of State's records.	will not be listed as th
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were action was not required.	topted by the incorporators, or board of directors without shareholder action	and shareholder
☐ The amendment(s) was/were ac by the shareholders was/were s	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
must be separately provided fo	proved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s):	!
	t for the amendment(s) was/were sufficient for approval	
by	(voting group)	
01/20/202 Dated Signature	Maka Lulia	
(By a c selecte	director, president or bitter officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other counted fiduciary by that fiduciary)	
	YAJAIRA MONTILLA	
	(Typed or printed name of person signing)	<del></del>
	PRESIDENT	
	(Title of person signing)	