## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : GFS TAX & ACCOUNTING SERVICES

Account Number : 12014000089 : (754)301-2128 Phone : (954)252-4650 Fax Number

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

Email Address: INFO @ GFSTAXACCT. COM

COR AMND/RESTATE/CORRECT OR O/D RESIGN DMS CONSTRUCTION GROUP INC

|                       | فتناهم والمراجع والمراجع والمراجع والمراجع والمراجع |
|-----------------------|---|
| Certificate of Status | 0   |
| Certified Copy        | 0   |
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Electronic Filing Menu

Corporate Filing Menu

Help

From: Juliana dos santos

# Haa 0000874313

### COVER LETTER

| TO: Amendment Section Division of Corpo   |  |  |  |  |
|---|--|--|--|--|
| NAME OF CORPOR  | ATION: DMS CONSTRUC  | TION GROUP INC   |  |  |
| DOCUMENT NUMB   | ER: P16000064791   |  |  |  |
|   | Amendment and fee are su   | bmitted for filing.  |  |  |
| Please return all corresp   | pondence concerning this ma  | tter to the following:   |  |  |
| ]   | IULIANA MACHADO, CPA   | A  |  |  |
| _   |  | Name of Contact Pers   | on   |  |
| (   | GFS TAX & ACCOUNTING   | SERVICES   |  |  |
| -   | <del></del>  | Firm/ Company  |  |  |
|   | 11764 W SAMPLE RD STE  |  |  |  |
| -   |  | Address  |  |  |
| (   | CORAL SPRINGS, FL 3306   | 5  |  |  |
| _   |  | City/ State and Zip Co   | de   |  |
| ı   | NFO@GFSTAXACCT.CO  | М  |  |  |
| -   | E-mail address: (to be us  | sed for future annual repo                                       | rt notification)   |  |
| For further information   | concerning this matter, please   | se call:   |  |  |
| JULIANA MACHADO   | )  | at ( 754   | 301-2128   |  |
| Name o  | f Contact Person   | Area C   | ode & Daytime Telephone Number   |  |
| Enclosed is a check for the following amount made payable to the Florida Department of State: |  |  |  |  |
| ☐ \$35 Filling Fee  | ☐ \$43.75 Filing Fee & Certificate of Status                             | S43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | S\$2.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)  |  |
| Amer<br>Divis<br>P.O.   | ing Address idment Section ion of Corporations Box 6327 hassec, FL 32314 | Ame<br>Divis<br>The<br>2415                                      | t Address Idment Section Idment Sect |  |

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DMS CONSTRUCTION GROUP INC

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

531 N OCEAN BLVD

POMPANO BEACH, FL 33067

PT 509



Articles of Amendment to Articles of Incorporation of 2022 APR -7 AM 8: 20

SECRT TALLAHADSEE, FI

# (Name of Corporation as currently filed with the Florida Dept. of State) P16000064791 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: SERRANO DUMPS IT INC Ine new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address. If applicable: (Principal office address MUST BE A STREET ADDRESS) POMPANO BEACH, FL 33067

| If amending the registered agent and/or registered office address in Florida, enter the name of the new registered office address: |                          |            |             |  |
|--|--------------------------|------------|-------------|--|
| Name of New Registered Agent   |                          |            |             |  |
| -  | (Florida street address) |            | <del></del> |  |
| New Registered Office Address:   | (City)                   | , Florida_ | (Ziv 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

Check if applicable

☐ The amendment(s) is/arc being filed pursuant to s. 607.0120 (11) (e), F.S.

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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)

Example:

Please note the officer/director title by the first letter of the office title:

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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.

| X Change                      | <u>PT</u> | John Doe      |                         |  |  |
|-------------------------------|-----------|---------------|-------------------------|--|--|
| X Remove                      | <u>v</u>  | Mike Jones    |                         |  |  |
| <u>X</u> Add                  | <u>sv</u> | Sally Smith   |                         |  |  |
| Type of Action<br>(Check One) | Title     | Name          | <u>Addres</u> s         |  |  |
| I) X Change                   | P         | DIMAS SERRANO | 531 N OCEAN BLVD        |  |  |
| , Add                         |           |               | APT 509                 |  |  |
| Remove                        |           |               | POMPANO BEACH, FL 33062 |  |  |
| 2) Change                     | <u></u>   |               |                         |  |  |
| Add                           |           |               |                         |  |  |
| Remove 3) Change              |           |               |                         |  |  |
| Add                           |           |               |                         |  |  |
| Remove                        |           |               |                         |  |  |
| 4) Change                     |           |               |                         |  |  |
| Add                           |           |               |                         |  |  |
| Remove                        |           |               |                         |  |  |
| 5) Change                     |           |               |                         |  |  |
| Add                           |           |               |                         |  |  |
| Remove                        |           |               |                         |  |  |
| 6)Change                      |           |               |                         |  |  |
| Add                           |           |               |                         |  |  |
| Remove                        |           |               | ·                       |  |  |

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|                                     | sheets, if necessary)                 | ticles, enter chan<br>. (Be specific) |                       |                                       |           |
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|                                     | provides for an ex-                   | change, reclassific                   | eation, or cancellate | on of issued share<br>endment itself: | <b>b</b>  |
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To: -18506176383

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From: Juliana dos santos

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| The date of each amendment(s) adoption date this document was signed.                  | :, if other than the   |
|--|--|
| and any governorm ries signica.  |  |
| Effective date if applicable:  |  |
|  | (no more than 90 days after amendment file date)   |
| Note: If the date inserted in this block didocument's effective date on the Department | es not meet the applicable statutory filing requirements, this date will not be listed as the nt of State's records.   |
| Adoption of Amendment(s)   | (CHECK ONE)  |
| ☐ The amendment(s) was/were adopted b action was not required.                         | the incorporators, or board of directors without shareholder action and shareholder  |
| ■ The amendment(s) was/were adopted b<br>by the shareholders was/were sufficien        | the shareholders. The number of votes cast for the amendment(s) for approval.  |
|  | by the shareholders through voting groups. The following statement of our period of the shareholders through 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   | n  |
| <del></del>  | (voting group)   |
| 03/30/2022<br>Dated  |  |
| Signature X & W  | · - · · · · · · · · · · · · · · · · · ·  |
| selected, by a   | president or other officer – if directors or officers have not been incorporator – if in the hands of a receiver, trustee, or other court ciary by that fiduciary)         |
| DIMA   | S S FILHO  |
|  | (Typed or printed name of person signing)  |

PRESIDENT