## P160005650

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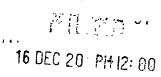
R. WHITE

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: MLCC	DNSTRUCTION RENOVAT	TION, INC		
DOCUMENT NUMBER: P160000656				
The enclosed Articles of Amendment and	d fee are submitted for filing			
Please return all correspondence concern	ing this matter to the followi	ng:		
REGINA MEDEI	ROS			
	Name of Cont	act Person		
CSG - CAPITAL	SERVICES GROUP INC			
446 W HILLSBO	Firm/ Company 446 W HILLSBORO BLVD			
Address				
DEERFIELD BEA	ACH, FL 33441			
	City/ State and	Zip Code		
REGINA@THEWAYG	ROUP.BIZ			
E-mail addres	ss: (to be used for future annu	ual report notification)		
For further information concerning this management REGINA MEDEIROS	•	427-4770		
Name of Contact Person	at (	Area Code & Daytime Telephone Number		
Enclosed is a check for the following ame	ount made payable to the Flo			
□ \$35 Filing Fee ■\$43.75 Filing Certificate of		by Certificate of Status		
Mailing Address Amendment Section Division of Corporation P.O. Box 6327 Tallahassee, FL 32314	ns	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		

## Articles of Amendment to Articles of Incorporation of



## M L CONSTRUCTION RENOVATION, INC

(Document Number of Co	led with the Florida Dept. of State).
(Document Number of Co	•
	rporation (if known)
ursuant to the provisions of section 607.1006, Florida Statutes, this <i>Flor</i> s Articles of Incorporation:	rida Profit Corporation adopts the following amendment(s
. If amending name, enter the new name of the corporation:	
	The new
ame must be distinguishable and contain the word "corporation," Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co' ord "chartered," "professional association," or the abbreviation "P.A	'. A professional corporation name must contain the
5. Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDRESS</u> )	
. Enter new mailing address, if applicable:	
(Mailing address <u>MAY BE A POST OFFICE BOX</u> )	
If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	in Florida, enter the name of the
Name of New Registered Agent	
(Florida street d	address)
New Registered Office Address:	. Florida
(Cit	······································

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	$\underline{\mathbf{v}}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	VPDS	APONTE, LUZ ADRIANA	5130 PALM HILL DR APT 233
X Add		· · · · · · · · · · · · · · · · · · ·	WEST PALM BEACH, FL 33415
Remove		-	
2) Change			
Add		-	
Remove		-	
3) Change			
Add		-	
Remove		-	
4) Change			
Add		-	
Remove		-	
5) Change			
		-	
Remove		_	
O Charac			
6) Change		444.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.	
Add		-	
Remove		_	

If amending or adding additional Articles, enter change(s) here:  Attach additional sheets, if necessary). (Be specific)				
· · · · · · · · · · · · · · · · · · ·				
f an amendment provides for an e provisions for implementing the a	change, reclassification, nendment if not contains	or cancellation of issued in the amendment i	<u>ied shares,</u> tself:	
(if not applicable, indicate N/A)				
		-		•

The date of each amendment(s) ad date this document was signed.	option;	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bl document's effective date on the Dep	ock does not meet the applicable statutory filing requirements, this coartment of State's records.	date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were adop by the shareholders was/were suf	oted by the shareholders. The number of votes cast for the amendment ficient for approval.	(s)
☐ The amendment(s) was/were appr must be separately provided for e	oved by the shareholders through voting groups. The following staten each voting group entitled to vote separately on the amendment(s):	nent
"The number of votes cast f	or the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	,
☐ The amendment(s) was/were adoptaction was not required.	sted by the board of directors without shareholder action and sharehold	ier
☐ The amendment(s) was/were adoptaction was not required.	ted by the incorporators without shareholder action and shareholder	
11/29/2016 Dated		
Signature × U	12 Adriana A ponte	
(By a dir selected	ector, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other could fiduciary by that fiduciary)	
1	UZ ADRIANA APONTE	
-	(Typed or printed name of person signing)	
7	/PDS	
_	(Title of person signing)	