# P16000092525

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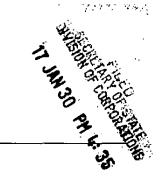
FEB O 6 2017 C MCNAIR

#### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: LA PUENTE CONSTRUCTION INC.  DOCUMENT NUMBER: P16000092525						
The enclosed Articles of Amendment and fee are submitted for filing.						
Please return all correspondence concerning this matter to the following:						
FANNY M. ZELAYA- MENDEZ  Name of Contact Person						
LA FUENTE CONSTRUCTION INC. Firm/ Company						
5612 CURRY FORD RD # KII Address						
ORLANDO, PL 32822  City/ State and Zip Code						
AMERICATAXSERVICES OGHALL. COM E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
PANNY M. ZELAYA- MENDEZ at (407) 955-3779  Name of Contact Person Area Code & Daytime Telephone Number						
Enclosed is a check for the following amount made payable to the Florida Department of State:						
\$35 Filing Fee						
is enclosed)  Mailing Address  Amendment Section  Division of Corporations  P.O.Box 6327  Tallahassee, FL 32314  is enclosed)  Street Address  Amendment Section  Division of Corporations  Clifton Building  2661 Executive Center Circle  Tallahassee, FL 32301						

### **Articles of Amendment** Articles of Incorporation



## PUENTE CONSTRUCTION INC (Name of Corporation as currently filed with the Florida Dept. of State)

#### P160000092525

ent(s) to

(Document Numb	per of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, its Articles of Incorporation:	this Florida Profit Corporation adopts the following amendment
A. If amending name, enter the new name of the corporation	<u>ı:</u>
•	The new
name must be distinguishable and contain the word "corpo," "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," word "chartered," "professional association," or the abbreviat	ration," "company," or "incorporated" or the abbreviation or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	3451 SALAND WAY # 115
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	JACKSONVILLE, FL 32246
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	3451 SALAND WAY #115
	JACKSONVILLE, FL 32246
D. If amending the registered agent and/or registered office	
new registered agent and/or the new registered office add	<u>iress:</u>
Name of New Registered Agent	
(D)	1
(Flori	da street address)
New Registered Office Address:	(City) , Florida (Zip Code)
New Registered Agent's Signature, if changing Registered A I hereby accept the appointment as registered agent. I am fami	
. no. sey assept the approximent as regime on agent. I tim jum	viceept me oviiganous of the position.
Signatura of A	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 Do	<u>e</u>							
X Remove	¥	Mike Jo	nes							
X Add	<u>sv</u>	Sally Sn	nith_							
Type of Action (Check One)	<u>Title</u>		<u>Name</u>				<u>Addres</u> s			
1) Change	<u></u>		,		<u></u>	<del>_</del>		·	<b></b>	-
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Add							<del> </del>			
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ttach <i>additional she</i> a	g additional Articles ets, if necessary). (E	le specific)			
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an amendment pro	ovides for an exchan	<u>ze, reclassificatio</u>	n, or cancellation	<u>of issued shares,</u>	
<u>provisions for imple</u>	ementing the amendr	<u>nent if not conta</u>	<u>ined in the amendı</u>	ment itself:	
(if not applicable	e, indicate N/A)				
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The date of each amendment(s), adoption this document was signed.	on:		, if other than th
· · ·		í	
Effective date <u>if applicable</u> :	(no more thần s	90 days after amendment file date)	
Note: If the date inserted in this block document's effective date on the Departm		icable statutory filing requirements, this c	late will not be listed as th
Adoption of Amendment(s)	(CHECK ONE)		
The amendment(s) was/were adopted by the shareholders was/were sufficie	by the shareholders. Th	e number of votes cast for the amendment	(s)
		rough voting groups. The following staten vote separately on the amendment(s):	nent
"The number of votes cast for th	ne amendment(s) was/we	ere sufficient for approval	
by	(voting group)	."	
☐ The amendment(s) was/were adopted action was not required.	by the board of director	s without shareholder action and sharehole	der
☐ The amendment(s) was/were adopted action was not required.	by the incorporators wit	thout shareholder action and shareholder	
Dated 01/03	2/2017		
Signature & da	uf Zelacy	icer – if directors or officers have not bee	
selected, by	an incorporator – if in the ductary by that fiduciary	he hands of a receiver, trustee, or other co	n urt
<u> F</u>	ANNY M.	ZELAYA - MENDE7 I name of person signing)	
	(Typed or printed	I name of person signing)	
	PRESI	DENT	

(Title of person signing)