P17000004817

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
, , , , , , , , , , , , , , , , , , ,
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Spoke With Klay WARRO
holly Made the Oxcedion on
ANGUDANGAK 3/17/17
Sporke With Elay KINFRO INHO MAILE the Correction on Adoption of AMEROMENT 3/11/17
,

Office Use Only



900280061399

03/14/17--01017--015 **35.00

OLVISION OF CORPORATIONS

17 MAR 17 PM 14:54

LINE TA SOLL

With 1 0 July

January 31, 2017 Internal Revenue Service Center Entity Department Ogden, UT 84201-0005 Fax# 801-620-7116

Re: Fine Labor Shell Contractors

FED ID#; 81-4957310

RE: Name of Officer Correction

Dear Sir or Madam.

This letter is in regards to an officer name change on our EIN# 81-4957310.

We misspelled the officer name, the current spelling is Perfect Rodriguez.

Could you please update the spelling of the officer's name to **Perfecto Rodriguez** and send me an updated notice?

Thank you for your time and assistance. If you should need further information, please feel free to contact me, at 305-974-1598.

Sincerely,

Perfecto Rodriguez

Fine Labor Shell Contractors.

10753 SW 104 Street

Miami, FL 33176

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPOR	ATION: FINE LABOR SH	ELL CONTRACTORS	
DOCUMENT NUME	BER: P17000004817		
.The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	DANNY CESAR		
		Name of Contact Person	n
	LEIJER LLC		
		Firm/ Company	
	10753 SW 104 STREET		
•		Address	
	MIAMI FL 33186		
		City/ State and Zip Cod	¢
DAN	NY@LEJJER.COM		
		ed for future annual report	notification)
For further information	concerning this matter, pleas	e call:	
DANNY CESAR		at (³⁰⁵	9741598 de & Daytime Telephone Number
Name o	f Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is cnclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divis P.O.	ndment Section sion of Corporations Box 6327 hassee, FL 32314	Amend Division Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle

TO MAR 17 PH 4: 54

Articles of Amendment to Articles of Incorporation of



FINE LABOR SHELL CONTRACTORS

(Name of Corporation	on as currently filed with the Florida Dept. of State)	651
P17000004817		5 7
(Docum	ent Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amen	dment(s) to
A. If amending name, enter the new name of the con	rporation:	
name must be distinguishable and contain the word	The discorporation," "company," or "incorporated" or the abbrevia	tion
"Corp.," "Inc.," or Co.," or the designation "Corp, word "chartered," "professional association," or the o	" "Inc," or "Co". A professional corporation name must contain abbreviation "P.A."	the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADD</u>	RESS)	_
		_ ,
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)	x)	
		_
		- .
D. It amending the registered agent and/or registered new registered agent and/or the new registered of	office address:	
Name of New Registered Agent		
	(Florida street address)	
N D 10 100 100 111 111	•	
New Registered Office Address:	, Florida(City) (Zip Code)	
New Registered Agent's Signature, if changing Regi	Istered Agent: I am familiar with and accept the obligations of the position.	
Signa	uture 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.

X Change	PT	John Doc			
X Remove	<u>v</u>	Mike Jones			
<u>X</u> Add	SY	Sally Smith			
Type of Action (Check One)	<u>Title</u>	Name	Address		
1) X Change	P	PERFECTO RODRIGUEZ	10753 SW 104 STREET		
Add			MIAMI FL 33176		
Remove					
2) Change					
Add					
Remove					
3) Change	<u>.</u>				
Add		•			
Remove					
4) Change					
Add					
Remove			<u> </u>		
5) Change					
Add					
Remove			·		
6) Change					
Add		·	,		
Remove					

If amending or additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)					
				· · · · · · · · · · · · · · · · · · ·	
				· · · · · · · · · · · · · · · · · · ·	
			······································		
					
				· · · · · · · · · · · · · · · · · · ·	•
			·····		
· · · · · · · · · · · · · · · · ·			·		
		· · · · · · · · · · · · · · · · · · ·			
		<u> </u>	<u> </u>		
an amendment provide provisions for impleme (if not applicable, in	nting the amendme	reclassification, or a nt if not contained in	ancellation of issued the amendment itse	shares, lf:	
provisions for impleme	nting the amendme	reclassification, or e nt if not contained in	ancellation of issued the amendment itse	shares, lf:	
provisions for impleme	nting the amendme	reclassification, or a nt if not contained in	ancellation of issued the amendment itse	shares, lf:	
provisions for impleme	nting the amendme	reclassification, or a nt if not contained in	ancellation of issued the amendment itse	shares, lf:	
provisions for impleme	nting the amendme	reclassification, or a	ancellation of issued the amendment itse	shares, lf:	
f an amendment provide provisions for implement (if not applicable, in	nting the amendme	reclassification, or a	ancellation of issued the amendment itse	shares, lf:	
provisions for impleme	nting the amendme	reclassification, or a	ancellation of issued the amendment itse	shares,	

The date of each amendment(s) adoption:	, if other than th
Effective date if applicable:	
(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 w document's effective date on the Department of State's records.	ill not 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.	•
Dated3 q 2017	
Signature Per facto Podri usez (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)	
Perfecto Rodriguez (Typed or printed name of person signing)	
Prusiden+ (Title of person signing)	