# P110009595

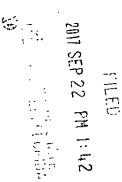
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Boomess Elliky Marile)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



300303577573

09/22/17--01027--020 \*\*35.00



C. GOLDEN SEP 2 5 2017

### COVER LETTER

Division of Corporations				
NAME OF CORPORATION: Jamiao Construction. Inc.  DOCUMENT NUMBER: 170009595.				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
OSME Dos Suntos.  Name of Contact Person				
931 NW 48th P2				
Roman Bach FZ 33064 City/ State and Zip Code				
r City state and Zip Cout				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
(Osme Dos Santos au 754,244668)				
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:				
S35 Filing Fee  Certificate of Status  Certified Copy (Additional copy is enclosed)  S43.75 Filing Fee & S52.50 Filing Fee Certified Copy (Additional Copy is enclosed)				
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, Fl. 323142661 Executive Center Circle				

Tallahassee, FL 32301

#### Articles of Amendment to Articles of Incorporation of

# FILED

## DAMIAO CONSTRUCTION INC

2017 SEP 22 PH 1: 42

(Name of Corporation as currently filed with the Florida Dept. of State) P17000009595				
	P17000009595	Mellon School Comments		
(Do	cument Number of Corporation (if	known)		
rsuant to the provisions of section 607.1006. Flo Articles of Incorporation:	orida Statutes, this <i>Florida Profit C</i>	forporation adopts the following amendment(		
If amending name, enter the new name of th	e corporation:			
		The new		
ime must be distinguishable and contain the Torp.," "Inc.," or Co.," or the designation "C ord "chartered," "professional association," or	orp," "Inc," or "Co". A profess			
Enter new principal office address, if applica Principal office address <u>MUST BE A STREET</u>				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<i>BOX</i> 1			
If amending the registered agent and/or registered agent and/or the new register		enter the name of the		
Name of New Registered Agent		<del> </del>		
	(Florida street address)			
New Registered Office Address:	109	Florida Carto		
New Registered Office Address:	(City)	Florida (Zip Code)		
ew Registered Agent's Signature, if changing	Registered Agent:			
nereby accept the appointment as registered age	nt. I am familiar with and accept t	the obligations of the position		
	Signature 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.

Example: X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)  1) Change Add Remove	Title S	Name Luiz Claudio De Oliveira I	address 3303 Aufail Glose Om pana Beach, F/330
2) Change Add Remove			
3 ) Change Add Remove			
4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)					
<del></del>					
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,					
provisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N/A)					
(i) not appreame, indicate (VA)					

The date of each amendment(s) adoption:	, if other than the
date this document was signed. $60/9/7$	
Effective date if applicable: 09/18//Z  (no more than 90 days after amendment file date)	<del></del>
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date vidocument's effective date on the Department of State's records.	
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.	
Dated	
Signature A Homion slow Stanton (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)	
(Typed or printed name of person signing)	<del></del>
President	
(Title of person signing)	