P17000016292

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SECRETARY DE STATE ON STORY OF COREORATIONS

MAR 57 2011

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: MAYUCA CONS	TRUCTION INC	#A			
DOCUMENT NUMB						
	f Amendment and fee are su	ibmitted for filing.				
Please return all corresp	oondence concerning this ma	tter to the following:				
	JANIE CASTILLO					
-	Name of Contact Person					
(CASTILLO PAYROLL & T	AX SERVICE				
	Firm/ Company					
	10 N DESOTO AVE	v iiiis eeinpaniy				
_		Address				
	ARCADIA, FL 34266					
_		City/ State and Zip Cod	e			
CAST	ILLOPAYROLL@GMAIL.	СОМ				
	E-mail address: (to be us	sed for future annual report	notification)			
For further information JANIE CASTILLO	concerning this matter, pleas		494-0245			
	10 ·	at (863				
Name of	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 enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)			
Amer Divis P.O. I	ng Address dment Section ion of Corporations Box 6327 nassee, FL 32314	Amend Divisio Clifton 2661 E	Address ment Section on of Corporations Building xecutive Center Circle ussee, FL 32301			

	Articles of Am	enament		
•	to Articles of Incom	poration		2
	A) of	A	_	17 55
	MOYUCA	Construction	ON IAC	嘉智
(Name of C	Corporation as currently	filed with the Florida De	- ' \	73 8
P17000016292				
	(Document Number of C	Corporation (if known)		وي
Pursuant to the provisions of section 607.100 its Articles of Incorporation:	06, Florida Statutes, this <i>Fl</i>	orida Profit Corporation	adopts the followi	ng amenda
A. If amending name, enter the new name	e of the corporation:			
				The nev
name must be distinguishable and contain "Corp.," "Inc.," or Co" or the designation word "chartered." "professional association	on "Corp," "Inc," or "Ce	". A professional corpo		
B. Enter new principal office address, if a (Principal office address MUST BE A STR.				
C. Enter new mailing address, if applical	hle:		 	
(Mailing address MAY BE A POST OF			 _	
			-	
D. If amending the registered agent and/o new registered agent and/or the new re		s in Florida, enter the na	me of the	
Name of New Registered Agent				_
	(Florida street	addrass)		_
	(Fioriau sireei	adur essy		
New Registered Office Address:	100		_, Florida	Cadal
	(C	<i></i>	(Σιρ	Code
New Registered Agent's Signature, if chan	iging Registered Agent:			
I hereby accept the appointment as registere	d agent. I am familiar wit	h and accept the obligation	ns of the position.	
	Signature of New Reg	istered 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)	Title	<u>Name</u> .	<u>Addres</u> s
1) X Change	РТ	RUDY IVAN BONVILLA	
Add			
Remove			
2) Change	PT	RUDY IVAN BONILLA	
X Add		Correct	
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)					
N/A		(De apocific)			
					
			·		
_					
					
					
	 				
F. <u>lf an</u>	amendment provides for an excha	inge, reclassification	or cancellation of iss	ued shares,	
pro	visions for implementing the amen (if not applicable, indicate N/A)	ament ii not contain	ed in the amendment	itseii:	
N/A					
	<u>-</u>				

* * *	
The date of each amendment(s)	adoption: , if other than the
date this document was signed.	
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this document's effective date on the	block does not meet the applicable statutory filing requirements, this date will not be listed as Department of State's records.
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.
The amendment(s) was/were a must be separately provided f	pproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):
"The number of votes ca	st for the amendment(s) was/were sufficient for approval
by	
s Mingapaser sees when we way	- (voting group)
☐ The amendment(s) was/were a action was not required.	dopted by the board of directors without shareholder action and shareholder
The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and shareholder
03-20-20	17
DatedSignature	a Ma Primillo
(By a	director, president or other officer - if directors or officers have not been
select	ed, by an incorporator - if in the hands of a receiver, trustee, or other court
appo	nted fiduciary by that fiduciary)
	RUDY IVAN BONILLA
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)