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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: DETAILS CITY C	ONSTRUCTION, INC	
DOCUMENT NUME			
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	spondence concerning this ma	tter to the following:	
	HERNANDEZ, YADIER		
		Name of Contact Person	1
		Firm/ Company	
		Address	
	696 WEST 28 ST HIALEAD	l, FL 33010 City/ State and Zip Code	e
For further information	E-mail address: (to be us	sed for future annual report se call:	notification)
HERNANDEZ, YAD	IER	786	do B. Dustino Tolophono Number
Name o	of Contact Person		de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divi P.O.	ling Address endment Section sion of Corporations Box 6327 ahassee, FL 32314	Amend Divisio The Co 2415 N	Address Innent Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303

Articles of Amendment to Articles of Incorporation of

DETAILS CITY CONSTRUCTION, INC

(Name of Corporation as curren	ntly filed with the Florida Dept. of State)	
P17000017898		
(Document Number	r of Corporation (if known)	
Pursuant to the provisions of section 607,1006, Florida Statutes, thits Articles of Incorporation:	is Florida Profit Corporation adopts the fo	ollowing amendment(s) to
A. If amending name, enter the new name of the corporation:		101
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co", "chartered," "professional association," or the abbreviation "P.A	A professional corporation name must	
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)		
		2010
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
· · · · · · · · · · · · · · · · · · ·		5
		PH 12: 23
D. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office addre		23
Name of New Registered Agent		
	street address)	
New Registered Office Address:	, Florida	
The Management of the Control of the	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Age I hereby accept the appointment as registered agent.—I am familia		sition.
Signature of Nove	Registered Agent, if changing	
Check if applicable	gamesa ngem, y eminging	

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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	<u>PT</u>	John Doe	
X Remove	V	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	VP	ONIX L MILLIAN	696 WEST 28 ST
X Add	_		HIALEAH, FL 33010
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change		_	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

r., <u>11 811</u> (Aug	ending or adding additional Article of additional sheets, if necessary).	<u>:s, enter change(s) herc</u> (Re checific)	<u>.</u>	
(FILLA)	a additional sheets, if hecessary).	ы эресуну		
				
				-
				
				
	-		.	
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f. <u>If an</u>	amendment provides for an exchar	ige, reclassification, or	cancellation of issued sha	ires,
pro	isions for implementing the amend if not applicable, indicate N/A)	ment ii not contameu i	n the amendment usen.	
			· · · · · · · · · · · · · · · · · · ·	
	·			

04/20/2020 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 block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. Adoption of Amendment(s) (CHECK ONE) ■ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required. ☐ 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 4/20/2020 Signature (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) (Title of person signing)