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COVER LETTER

TO: Amendment Section

Division of Corporations			
NAME OF CORPORATION: NAKOMA CONSTYUCTION INC			
DOCUMENT NUMBER: 71700020809			
The enclosed Articles of Amendment and fee are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
Nakona Construction Inc Firm/ Company 1430 Baytree Dr NF Apt 104 Address Palm Bay fl 32905 City/ State and Zip Code Janara 22@ Not mail: Com E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Name of Contact Person at (321) 527-4755 Area Code & Daytime Telephone Number			
Enclosed is a check for the following amount made payable to the Florida Department of State:			
\$35 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) \$35 Filing Fee Certificate of Status S43.75 Filing Fee Certificate of Status			
Mailing AddressStreet AddressAmendment SectionAmendment Section			

Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314 Clifton Building

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

Articles of In	•
=== <u>-</u>	Is filed with the Florida Dept. of State)
(Name of Corporation as current	ny med with the Prorida Dept. of State)
(Document Number of	of Corporation (if known)
(Document Number C	or Corporation (it known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or word "chartered," "professional association," or the abbreviation	m," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	1430 Baytree Dr NE Apt 104
	Palm Bay FL 32905
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1430 Baytree Dr NE
	HP+104
	Paom Bay Fl 32905
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address	
Name of New Registered Agent NIVO GOY	ralez
1430 Baytree	DINE APHON Palm Bay FL 32905
New Registered Office Address: 1420 Bay Hel D	(City) Apt 104 Palm Delorida 32905 (Zip Code)
New Registered Agent's Signature, if changing Registered Agent	
I hereby accept the appointment as registered agent. I am familiar	
	m = 1 = 1 = 1 = 1 = 1 = 1 = 1 = 1 = 1 =
Signature of New I	Registered Exels, 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> <u>Je</u>	ohn Doe	
X Remove	<u>V</u> <u>N</u>	like Jones	
X Add	<u>SV</u> <u>S</u>	ally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	2	MINA Conzalez	1800 W685+
Add Remove			Suite 118 hialeah, FL 33014
2) Change	2	Nilva Gonzalez	1430 Baytree OF NE Apt 104
Remove 3) Change Add			falm bay F1 32905
Remove 4) Change Add			
Remove 5) Change Add Remove			
6) Change Add Remove			

Attach <i>additic</i>	r adding additional nal sheets, if necessar	y). (Be specific)			
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fan amendn	ent provides for an o	exchange, reclassif	ication, or cancel	lation of issued sh	ares.
provisions fo	r implementing the a	amendment if not o	contained in the a	mendment itself:	
(if not ap	plicable, indicate N/2	1)			
		•			
				-	
	••			<u>_</u>	
	<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 block does not meet the applicable statutory filing requirements, this date will not document's effective date on the Department of State's records.	ot 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)	171
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	AUG 18
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	PM 4: 43
Dated 08 16 17	చ్
Signature (BV 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)	
Dresident	
(Title of person signing)	