P17000021233

(Requestor's Name) (Address)	
(Address)	5003
(City/State/Zip/Phone #)	11/05,
(Business Entity Name)	
(Document Number)	
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	ORATION: CGI CONSTRUCT	TION INC	
	1BER: P17000021233		
The enclosed Article	es of Amendment and fee are su	bmitted for filing.	
Please return all cor	respondence concerning this ma	tter to the following:	
	ROBERTO CASTRO		
		Name of Contact Person	1
	CGI CONSTRUCTION INC		
		Firm/ Company	
	105 CORENA CT		
		Address	
	KISSIMMEE, FL 34743		
	-	City/ State and Zip Code	<u>.</u>
	recastro764@gmail.com		
		sed for future annual report	notification)
For further informat	ion concerning this matter, pleas		3608702
Name of Contact Person		Area Co) 3608702 de & Daytime Telephone Number
Enclosed is a check	for the following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee	☐S43.75 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)
Ai Di P.	ailing Address mendment Section vision of Corporations O. Box 6327 dlahassee, FL 32314	Amend Divisio The Co	Address ment Section in of Corporations entre of Tallahassee V. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

CCI	CONSTRI	TOTION!	INC

(<u>Name</u>	of Corporation as currently	filed with the Florida Dept. of State)	
P17000021233			
	(Document Number of	Corporation (if known)	
Pursuant to the provisions of section 607 its Articles of Incorporation:	1006, Florida Statutes, this F	Florida Profit Corporation adopts the fol	lowing amendment(s) to
A. If amending name, enter the new n	ame of the corporation:		
			The new
name must be distinguishable and contain "Inc.," or Co.," or the designation "Contracted," "professional association,"	Torp, " "Inc, " or "Co". A		
B. Enter new principal office address, (Principal office address MUST BE A S			
			<u> 53</u>
			<u> </u>
C. Enter new mailing address, if appl (Mailing address MAY BE A POST			
Graning marcis MAT DIZATOST	OTTICE BOX		
			
			<u></u>
D. If amending the registered agent ar		ess in Florida, enter the name of the	υ.
new registered agent and/or the new			
Name of New Registered Agent	ROBERTO CASTRO		
	105 CORENA CT		
	(Florida stre	,	
New Registered Office Address:	KISSIMMEE, FL	, Florida	743
	(City)	(Zip Code)
New Registered Agent's Signature, if c	hanging Registered Agent:		
I hereby accept the appointment as regist	tered agent. I dyn familiar w	ith and accept the obligations of the posi	ition.
	(D) Wast		
K	MERCHY		
-	Signalure of New Re	gistered Agent, if changing	

Check if applicable

■ 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>P'l'</u>	John Do	<u>oe</u>	
X Remove	<u>Y</u>	Mike Jo	ones .	
X Add	<u>sv</u>	Sally St	<u>mith</u>	
Type of Action (Check One)	Title		Name	Address
1) Change	VP	_	CASTRO, CARLOS	105 CORENA CT
Add				KISSIMMEE, FL 34743
X Remove				
2) Change		_		
Add				
Remove 3) Change		_		
Add				
Remove				
4) Change				
Add				·
Remove				
5) Change				
Add				
Remove				
6) Change		_		
Add				
Remove				

Attach <i>additional shee</i>	g additional Articles, if necessary).	(Be specific)			
			NIA		
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	- 				
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an amendment pro	vidas far an avaha	ngo roclossifica	ntion or appealled	ion of iccord chara	
<u>provisions for implei</u>	menting the amend	dment if not co	ntained in the ame	<u>:ndment itself:</u>	<u>5,</u>
(if not applicable,	indicate N/A)	. i .			
		N/A			
					
					
· · · · · · · · · · · · · · · · · · ·		<u> </u>			
	· · · · · · · · · · · · · · · · · · ·				

	10/20/2020	
The date of each amendment(s)	adoption:	, if other than the
date this document was signed.		
	0/20/2020	
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the	s block does not meet the applicable statutory filing requirements, the Department of State's records.	is date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were a action was not required.	adopted by the incorporators, or board of directors without shareholder	action and shareholder
■ The amendment(s) was/were a by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amenda sufficient for approval.	nent(s)
	approved by the shareholders through voting groups. The following station of each voting group entitled to vote separately on the amendment(s):	
"The number of votes ca	ast for the amendment(s) was/were sufficient for approval	
bv		
	(voting group)	
selec	a director fraction or other officer – if directors or officers have not bested, by an incorporator – if in the hands of a receiver, trustee, or other sinted fiduciary by that fiduciary) ROBERTO CASTRO (Typed or printed name of person signing)	
	• • • •	
	PRESIDENT	
	(Title of person signing)	