P17000023702

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
, , ,
(Document Number)
(Coordinate Control
Cartified Conins Cartificator of Status
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



800330118778

06/07/19--01007--013 **35.00

SECKE MACCE SECTOR

JUN 21 2019

C Kinsey

COVER LETTER

TO: Amendment Section

Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: CONSTRUCTION47 INC DOCUMENT NUMBER: P17000023702 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Katia Cepena Name of Contact Person KC N ASSOCIATES INC Firm/ Company 11455 SW 40th Street Num 211 Address Miami, Fl 33165 City/ State and Zip Code kcnassociates@aol.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: _at (786 _____) 769-9832 _____ Area Code & Daytime Telephone Number katia cepena Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □S43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section **Division of Corporations Division of Corporations** P.O. Box 6327 Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

CONSTRUCTION47 IN

(Name of Corporation as curren	tly filed with the Florida Dept. of S	tate)	
P17000023702			
(Document Number	of Corporation (if known)		
Pursuant to the provisions of section 607,1006, Florida Statutes, thi its Articles of Incorporation:	s <i>Florida Profit Corporation</i> adopts t	he following amendment(s) to	
A. If amending name, enter the new name of the corporation:		TI.	
name must be distinguishable and contain the word "corporate "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc." or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation r		
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	12460 SW 8TH STREET		
	SUITE 200		
	MIAMI, FL 33184		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	12460 SW 8TH STREET	1019 JU	
	SUITE 200		
	MIAMI, FL 33184	SSE P	
D. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office addre			
Name of New Registered Agent			
(Florida s	etreet address)	22104	
New Registered Office Address:	, STE 200, WITAWII , Flori (City)	da <u>33184</u> (Zip Code)	
	(Cirt)	γλην ευαέγ	
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familian		e 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 Doc	
X Remove	<u>V</u>	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) X Change	P	RAMOS LEYVA, EDUARDO	12460 SW 8TH STREET
Add	_		SUITE 200
Remove			MIAMI, FL 33184
2) Change			
Add			
Remove			
3) Change			
Add			···
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
	
- -	
f an amendment provides for an eyel	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
	· · · · · · · · · · · · · · · · · · ·

The date of each amendment(s) adoption:	other than the
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 fifing requirements, this date will not be document's effective date on the Department of State's records.	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)	
☐ 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.	
05/30/2019 Dated	
Signature Eduardo Pamos Leulia.	
(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)	
EDUARDO RAMOS LEYVA	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	