## P17000024412

| (Re                     | equestor's Name)   |      |
|-------------------------|--------------------|------|
| (Ād                     | dress)             |      |
| (Ad                     | ldress)            |      |
| (Cit                    | ty/State/Zip/Phone | e #) |
| PICK-UP                 | ☐ WAIT             | MAIL |
| (Bu                     | ısiness Entity Nar | me)  |
| (Do                     | ocument Number)    |      |
| Certified Copies        |                    |      |
| Special Instructions to | Filing Officer:    |      |
|                         |                    |      |
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SECRETARY OF STATE

yor or



Via US Postal

Kissimmee 20 S. Rose Avenue Suite 7 Kissimmee, FL 34741 Tampa 2201 N. West Shore Blvd Suite 200 Tampa, FL 33607 Winter Park 7457 Aloma Avenue Suite 201 Winter Park, FL 32792

April 20, 2017

Department of State Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314-6800

Re: Matter: MTC Construction INC

Articles of Amendment to Articles of Organization

To Whom It May Concern:

Enclosed is the Articles of Amendment to Articles of Organization for MTC Construction INC. Also enclosed is one check, No.: 523, in the amount of \$35.00 for the Filling Fee.

Should you have any questions please do not hesitate to contact us at (407) 775-2727.

Thank you for your prompt attention to this matter.

Best Regards,

Laura Angel

Executive Assistant

Enclosures

LA

## **COVER LETTER**

TO: Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations NAME OF CORPORATION: MTC CONSTNCTION INC DOCUMENT NUMBER: P17000024412 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Omai calmona Name of Contact Person Carmona Law, PA
Firm/Company 7457 Aloma Ave. Ste 201 Address WiAter Park FL 32792
City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Name of Contact Person at (407-) 775 - 2727

Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 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

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

| M-  | TC Construc-  | fron Inc.                 |  |                            |
|---|---|---------------------------|--|----------------------------|
| (Name of C  | orporation as currently fil                               | ed with the Florida De    | pt. of State)                          |                            |
|   | P17000024412  |                           |  |                            |
|   | (Document Number of Co                                    |                           |  |                            |
| Pursuant to the provisions of section 607.100 its Articles of Incorporation:  | 06, Florida Statutes, this <i>Flor</i>                    | rida Profit Corporation   | adopts the follow                      | ring amendment(s) to       |
| A. If amending name, enter the new name   | e of the corporation:                                     |                           |  |                            |
|   |   |                           | 100                                    | The new                    |
| name must be distinguishable and contain "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association | on "Corp," "Inc," or "Co`<br>n," or the abbreviation "P.A | '. A professional corpo   | porated" or the<br>oration name number | able eviation v commin The |
| B. Enter new principal office address, if a (Principal office address MUST BE A STR.)   |   |                           | <del></del>                            | <del>1</del> 0             |
|   | -   |                           |  | (/)                        |
|   | _   |                           |  | <u> </u>                   |
| C. Enter new mailing address, if applical (Mailing address MAY BE A POST OF   | <u>ble:</u><br>FICE BOX)                                  |                           |  | <del></del>                |
|   | _   |                           |  |                            |
|   | -   |                           | <u> </u>                               |                            |
| D. If amending the registered agent and/o<br>new registered agent and/or the new r  | or registered office address<br>egistered office address: | in Florida, enter the n   | ame of the                             |                            |
| Name of New Registered Agent  | Carmona L   | aw PA                     |  | <u> </u>                   |
| _   | 7457 Aloma<br>(Florida street a                           |                           | 201                                    |                            |
| New Registered Office Address:  | winter Par  | K                         | , Florida 33                           | 192                        |
| New Registerea Office Address.  | (Cit  |                           | , i forida(Zi                          | ip Code)                   |
|   |   |                           |  |                            |
| New Registered Agent's Signature, if chan<br>I hereby accept the appointment as registere   | nging Registered Agent:<br>ad agent. I am familiar with   | and accept the obligation | ons of the position                    | ·.                         |
|   |   | 2                         |  |                            |
|   | Signature of New Reg                                      | stered Agent, if changing | 3                                      |                            |

## 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>Joh</u>  | n Doe                |                       |
|----------------------------|-----------------------|----------------------|-----------------------|
| X Remove                   | <u>V</u> <u>Mil</u>   | re Jones             |                       |
| X Add                      | <u>SV</u> <u>Sall</u> | y Smith              |                       |
| Type of Action (Check One) | <u>Title</u>          | <u>Name</u>          | Address               |
| 1) Change                  | Mem                   | Rodriguez, Alejandio | 2386 Austin Ave       |
| Add                        |                       | U ,                  | Deitona FL 32738      |
| X Remove                   |                       |                      |                       |
| 2) Change                  | MAM                   | Benitez Wilmer       | 453) S KIVKMan Rd     |
| Add                        |                       |                      | Oclando FL 32911      |
| X Remove                   |                       |                      |                       |
| 3) Change                  | MAM                   | Rodrigulz, Edwin 5   | 7843 Hidden Holdow Or |
| Add                        |                       | ·                    | Orlando FL 32822      |
| X Remove                   |                       |                      |                       |
| 4) X Change                | 10                    | Lopez, weiner        | 7844 Hidden Hollow Dr |
| Add                        |                       | t                    | orlando, FL 32822     |
| Remove                     |                       |                      |                       |
| 5) Change                  | P                     | Alvarado, Jansy      | 7844 Hidden Hollow    |
| _X Add                     |                       |                      | orlando FL 32822      |
| Remove                     |                       |                      |                       |
| 6) Change                  |                       |                      |                       |
| Add                        |                       |                      |                       |
| Remove                     |                       |                      |                       |

| If amending or adding additional Attach additional sheets, if necessor                           | ry). (Be specific       | )  |  |                             |
|--|-------------------------|--|--|-----------------------------|
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| f an amendment provides for an provisions for implementing the (if not applicable, indicate N/2) | <u>amendment if not</u> | ification, or cancel<br>contained in the a | lation of issued sha<br>mendment itself: | ires.                       |
|  |                         |  |  |                             |
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| date this document was signed.  | option:, if other than th   |
|---|---|
| Effective date if applicable:   |   |
|   | (no more than 90 days after amendment file date).   |
| Note: If the date inserted in this be document's effective date on the De | lock does not meet the applicable statutory filing requirements, this date will not be listed as the partment of State's records.           |
| Adoption of Amendment(s)  | (CHECK ONE)   |
| ☐ The amendment(s) was/were add<br>by the shareholders was/were su        | pted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.   |
| ☐ The amendment(s) was/were app<br>must be separately provided for        | roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s): |
| "The number of votes cast   | or the amendment(s) was/were sufficient for approval  |
| by  | (voting group)  |
|   | (voting group)  |
| The amendment(s) was/were ado action was not required.                    | pted by the board of directors without shareholder action and shareholder   |
| The amendment(s) was/were ado action was not required.                    | oted by the incorporators without shareholder action and shareholder  |
| Dated   | 9/17  |
| Signature   | May-  |
| (By a di  | rector, president or other officer - if directors or officers have not been   |
|   | , by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)                               |
| **  |   |
|   | Werrier Lope 2  |
|   | (Typed or printed name of person signing)   |
|   | President   |
|   | (Title of person signing)   |