PINOOOO 3474

(Requestor's Name)	
(Address)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	_
PICK-UP WAIT MAIL	
(Business Entity Name)	_
· (Document Number)	_
(Bootiment Hamilton)	
Certified Copies Certificates of Status	_
Special Instructions to Filing Officer:	7





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SEGRETARY OF STATE NVISTON OF CORPORATION

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: DURHAM CONSTRUCTION SERVICES, CORP				
DOCUMENT NUMBE		 .		
The enclosed Articles of	f Amendment and fee are su	abmitted for filing.		
Please return all correspo	ondence concerning this ma	itter to the following:		
o	SCAR MONTES			
· 	Name of Contact Person			
_		Firm/ Company		
8:	500 NW 40th ST			
	Address			
$\frac{\mathbf{c}}{\mathbf{c}}$	ORAL SPRINGS, 33065			
		City/ State and Zip Cod	е	
GUIDIF	PA@HOTMAIL.COM			
	E-mail address: (to be us	sed for future annual report	notification)	
For further information of	concerning this matter, pleas	se call:		
OSCAR MONTES		at (8562543	
Name of	Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for the	he following amount made	payable to the Florida Depa	artment of State:	
\$35 Filing Fee	□\$43.75 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)	
Amend Divisio P.O. B	ng Address Iment Section on of Corporations ox 6327 assee, FL 32314	Amend Divisio Clifton	Address Iment Section In of Corporations Building xecutive Center Circle	

Tallahassee, FL 32301

17 IIII 22 PHI2: 07

Articles of Amendment to Articles of Incorporation of

DURHAM COSTRUCTION SERVICES. CORP

(Name of Corp	oration as currently filed with the Florida Dept. of State)	
P17000034741		
(E	Occument Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, F its Articles of Incorporation:	Florida Statutes, this Florida Profit Corporation adopts the following	ng amendment(s) to
A. If amending name, enter the new name of t	the corporation:	
		The new
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "word "chartered," "professional association," o	e word "corporation," "company," or "incorporated" or the a "Corp," "Inc," or "Co". A professional corporation name must or the abbreviation "P.A."	ibbreviation contain the
B. Enter new principal office address, if appli (Principal office address MUST BE A STREET		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	E BOX)	
	gistered office address in Florida, enter the name of the	7 SE
new registered agent and/or the new regist	ered office address:	114 2 114 2
Name of New Registered Agent		- % CS
	(Florida street address)	
		RAI RAI
New Registered Office Address:	, Florida	Code)
	•	S
New Registered Agent's Signature, if changing I hereby accept the appointment as registered ag	g Registered Agent: ent. I am familiar with and accept the obligations of the 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 Doe	
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>	Address
1) Change	p	OSCAR MONTES	8500 NW 40th St
Add X Remove			Coral Springs, FL. 33065
2) Change	P	Luis A. Lopez Cruz	6332 NW 40th Ave
X Add			Coconut Creek, Fl. 33073
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	(Be specific)
an amendment provides for an exchorovisions for implementing the amel (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:
(y not appucaole, inaicate WA)	
(ң пог аррисаоге, таксиге гүА)	
(ij noi appiicable, inaicale WA)	
(у пог аррисаоге, іпаісиге гуА)	
(ij noi appiicaoie, inaicaie iv/A)	
(ц пог аррисаоте, такчие плА)	

	06/18/2017	
The date of each amendment(s) ac	loption:	, 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 b document's effective date on the De	lock does not meet the applicable statutory filing requirements, this date will partment of State's records.	not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendment(s) flicient for approval.	
	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
	for the amendment(s) was/were sufficient for approval	
by	."	
	(voting group)	
	pted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were ado action was not required.	pted by the incorporators without shareholder action and shareholder	
06/18/2017 Dated	scar Montes	
(By a di selected	irector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)	
	OSCAR MONTES	
•	(Typed or printed name of person signing)	
	PRESIDENT	
•	(Title of person signing)	