## P17000038007

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## COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Top Bui	Iding And Development Contractors INC.
DOCUMENT NUMBER: P170000	-
The enclosed Articles of Amendment and fee are suit	omitted for filing.
Please return all correspondence concerning this mat	ter to the following:
Top. Buil	Name of Contact Person  Ling And Development Centractor's Time  Firm Company
<u>4230 Su</u>	J 143 AVP.
Miami,	Address  1 33175  City/ State and Zip Code
<del></del>	City/ State and Zip Code
E-mail address: (to be use	ed for future annual report notification)
For further information concerning this matter, please	e call:
Lidia Alonso	305 345-7505
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made p	ayable to the Florida Department of State:
☐ \$35 Filing Fee & Certificate of Status	Certified Copy (Additional copy is enclosed)  Lissiz.50 rung ree Certificate of Status (Certified Copy (Additional Copy is enclosed)
Amendment Section	Amendment Section

Amendment Section
Division of Corporations
P.O. BOX 0321
Tallahassee, FL 32314

Amendment Section
Division of Corporations
Cutton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## Articles of Amengment

to

Articles of Incorporation				
Top Building AND Paulopr (Name of Corporation as currently	nent Contractors Inc. 3, of filed with the Florida Dept. of State)			
P17000038007				
	Corporation (if known)			
Pursuant to the provisions of section 607.1006, Fiorida Statutes, this a its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to			
A. If amending name, enter the new name of the corporation:				
name must be distinguishable and contain the word "corporation "Corp" "Inc" or Co" or the designation "Corp." "Inc." or "loc." or word "chartered." "professional association." or the abbreviation ".  B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	Co". A professional corporation name must contain the			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Top Building And Dev. INC 17740 Silver Parther LN. FORT Myers, FI 33913			
D. If amending the registered agent and/or registered office addr	ess in Florida, enter the name of the			
new registered agent and/or the new registered office address:				
Name of New Registered Agent				
(Florida stre	eel adaress)			
<u> Hen Registered Office Address</u> :	(City) (Zip Code)			
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.  Signature of New Registered Agent, if changing				
Signature of New Registered Agent, if changing				

menting the Chicers and/or Enrectors, enter the title and name of each officer/director being removed and title, name, and aggregation Chicer and/or Director being added:

(Attach additional sheets, if necessary)

raease note the officer/airector time by the first tetter of the office time:

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 new, president, president, precior would be P(D) = Chief.

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 kemove, and saily Smith. SV as an Adx.

Example: X Change	PT John	<u>D</u> oe	
A remove	y MIKE	ज्ञाल	
X Add	<u>SV</u> Sally	Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	TS	Autonio I. Alonso	12951 SW1245t.
≯ Add			MIAMI, F1. 3318
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			<del></del>
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

li amending or adding additional Art	icies, enter change(s) here:
(Attach additional sheets, if necessary).	
NA	
if an amendment provides tor an exc	nange, rectassification, or cancellation of issued snares,
provisions for implementing the ame (if not applicable, indicate N/A)	endment if not contained in the amendment itself;
NA	
<del></del>	

The date of each amendment(s) adoption:  date this document was signed.  Effective date if applicable:  (no more than 90 days after amendment file date)	, if other than the
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date w	ill not be listed as the
document's effective date on the Department of State's records.	
Adoption of Amendment(s) (CHECK ONE)	
Li 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	
ine amendment(s) was/were adopted by the board of directors without snareholder action and snareholder action was not required.	
The amendment(s) was were adopted by the incorporators without snareholder action and snareholder action was not required.	
Dated	
sefected, 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)	
V.P	
(Title of person signing)	