

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



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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

| NAME OF CORPOR           | ATION: MAYORGA CON  | ISTRUCTION INC   |  |  |  |  |
|--------------------------|---|--|--|--|--|--|
| DOCUMENT NUME            |   |  |  |  |  |  |
| The enclosed Articles    | of Amendment and fee are su   | bmitted for filing.  |  |  |  |  |
| Please return all corres | pondence concerning this ma   | tter to the following:   |  |  |  |  |
|                          | LECIO DE PAULA  |  |  |  |  |  |
|                          |   | Name of Contact Persor   | า  |  |  |  |
|                          | BRILLIANT TAX SERVICES CORP   |  |  |  |  |  |
| •                        |   | Firm/ Company  |  |  |  |  |
|                          | P.O.BOX 19862   |  |  |  |  |  |
| •                        |   | Address  |  |  |  |  |
|                          | SARASOTA, FL 34276  |  |  |  |  |  |
| •                        |   | City/ State and Zip Code   | e  |  |  |  |
| brillia                  | ntaxservices@gmail.com  |  |  |  |  |  |
|                          | E-mail address: (to be us   | sed for future annual report                                       | notification)  |  |  |  |
| For further information  | concerning this matter, pleas   |  | 8158886  |  |  |  |
|                          | f Contact Person  | at (941  | _)   |  |  |  |
|                          | the following amount made p   |  |  |  |  |  |
| ■ \$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) |  |  |  |
| Amer<br>Divis<br>P.O.    | ing Address indment Section ion of Corporations Box 6327 hassee, FL 32314 | Amend<br>Divisio<br>Clifton<br>2661 E                              | Address ment Section n of Corporations Building xecutive Center Circle ssee, FL 32301  |  |  |  |

## Articles of Amendment to Articles of Incorporation of

MAYORGA CONSTRUCTION INC

| (Name of Corporation as current  | lly filed with the Florida Dept. of State)      |                               |
|--|---|-------------------------------|
| P17000051730   |   |                               |
| (Document Number of  | of Corporation (if known)                       | <u>-</u>                      |
| Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:  | Florida Profit Corporation adopts the following | ing amendment(s) to           |
| A. If amending name, enter the new name of the corporation:  |   |                               |
| <del> </del>   |   | The new                       |
| name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or word "chartered," "professional association," or the abbreviation | "Co". A professional corporation name mus       | abbreviation<br>t contain the |
| B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)  |   |                               |
|  |   | <u> </u>                      |
|  |   |                               |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  |   |                               |
| (Mulling undress MAT BL. AT UST OFFICE BUS)  |   | <u> </u>                      |
|  |   |                               |
|  |   | <del>- 3</del> 5 5 5          |
| D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address   |   | 75 Tibes                      |
| Name of New Registered Agent   |   | _                             |
|  |   |                               |
| (Florida st  | reet address)                                   |                               |
| New Registered Office Address:   | , Florida                                       |                               |
|  | (City) (Zij                                     | ) Code)                       |
|  |   |                               |
| New Registered Agent's Signature, if changing Registered Agen  |   |                               |
| 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                   |                               |

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 De     | <u>oc</u>          |                 |
|----------------------------|--------------|-------------|--------------------|-----------------|
| X Remove                   | <u>v</u>     | Mike Jo     | nes                |                 |
| _X Add                     | <u>sv</u>    | Sally Sn    | <u>nith</u>        |                 |
| Type of Action (Check One) | <u>Title</u> |             | <u>Name</u>        | <u>Addres</u> s |
| 1) Change                  | D            |             | GUSTAVO F DA SILVA | 4305 LOCUST AVE |
| Add                        |              |             |                    | SARASOTA, FL    |
| X Remove                   |              |             |                    | 34234           |
| 2) Change                  |              | _           |                    |                 |
| Add                        |              |             |                    | -               |
| Remove                     |              |             |                    |                 |
| 3 ) Change                 |              |             |                    |                 |
| Add                        |              |             |                    |                 |
| Remove                     |              |             |                    |                 |
| 4) Change                  |              | <u></u>     |                    |                 |
| Add                        |              |             |                    |                 |
| Remove                     |              |             |                    |                 |
| 5) Change                  |              | _           |                    |                 |
| Add                        |              |             |                    |                 |
| Remove                     |              |             |                    |                 |
| 6) Change                  |              | <del></del> |                    |                 |
| Add                        |              |             |                    |                 |
| Remove                     |              |             |                    |                 |

| Attach <i>additional sheets, ij</i>                              | lditional Artic<br>('necessary). | (Be specific)   |                |  |                           |             |
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| re   |                                  |                 |                |  |                           |             |
| <u>If an amendment provide</u><br><u>provisions for implemen</u> | s for an exena-<br>ting the amen | inge, reciassin | ontained in th | ice <u>itation of is</u><br>ie amendment | suco snares.<br>t itself: |             |
| (if not applicable, ind  |                                  |                 |                |  | <del></del>               |             |
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| The date of each amendment(s) adopt   | ion:   | _, if other than the |
|---|--|----------------------|
| date this document was signed.  |  |                      |
| Effective date if applicable:   | (no more than 90 days after amendment file date)   |                      |
|   | (no more than 90 days after amendment file date)   |                      |
| Note: If the date inserted in this block document's effective date on the Departs | does not meet the applicable statutory filing requirements, this date will ment of State's records.  | not be listed as the |
| Adoption of Amendment(s)  | ( <u>CHECK ONE</u> )   |                      |
| ☐ The amendment(s) was/were adopted<br>by the shareholders was/were sufficient    | by the shareholders. The number of votes cast for the amendment(s) ent for approval.   |                      |
|   | ed by the shareholders through voting groups. The following statement h voting group entitled to vote separately on the amendment(s):  |                      |
| "The number of votes east for t   | he amendment(s) was/were sufficient for approval   |                      |
| by  | (voting group)   |                      |
|   | (voting group)   |                      |
| The amendment(s) was/were adopted action was not required.                        | by the board of directors without shareholder action and shareholder   |                      |
| ☐ The amendment(s) was/were adopted action was not required.                      | by the incorporators without shareholder action and shareholder  |                      |
| Dated07/2   | 28/2017  |                      |
| Signature (A)   | MOTO A GO or, president or other officer – if directors or officers have not been  |                      |
| selected, by  | or, president or other officer – if directors or officers have not been an incorporator – if in the hands of a receiver, trustee, or other court iduciary by that fiduciary) |                      |
| ERI   | LI M MAYORGA HERNANDEZ   |                      |
|   | (Typed or printed name of person signing)  |                      |
| PRI   | ESIDENT  |                      |
| ·   | (Title of person signing)  |                      |