P1700005561

(Re	equestor's Name)			
(Ac	idress)			
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(Ci	ty/State/Zip/Phone	#)		
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: 3M@Rios Constru	iction Inc			
DOCUMENT NUMBER: P17000055612					
The enclosed Articles	of Amendment and fee are su	abmitted for filing.			
Please return all corres	pondence concerning this ma	tter to the following:			
		Maria Gonzalez			
•	Name of Contact Person				
Musux R Constrution Inc.					
•	Firm/ Company				
	P.O. Box 149971				
•	Address				
	Orlando, Florida 32814				
-	City/ State and Zip Code				
		MusuxR6@gmail.com			
- · · , · ·	E-mail address: (to be u	sed for future annual report	notification)		
For further information	concerning this matter, plea	se call:			
Mari	ia Gonzalez	at (9148146		
Name o	f Contact Person	Area Code & Daytime Telephone Number			
Enclosed is a check for	the following amount made	payable to the Florida Depa	urtment 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)		
	ing Address		Address		
Amendment Section Division of Corporations		Amendment Section Division of Corporations			
P.O. Box 6327		Division of Corporations Cliffon Building			

Tallahassee, FL 32314

Clifton Building
2661 Executive Center Circle Tailahassee, FL 32301

FILED

Articles of Amendment Articles of Incorporation of

2018 OCT 15 AM 8: 05

SECRETARY OF STATE

3M@ Rios Cons	struction Inc. SEGRETARY OF STATE TALL LAASSEF, EL	
(Name of Corporation as current	tly filed with the Florida Dept. of State)	
P1700005	5612	
(Document Number of	of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s)	
A. If amending name, enter the new name of the corporation:		
Musux R Construction Inc.	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 must contain the	
B. Enter new principal office address, if applicable:	2248 wood street	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	Orlando, Florida	
	32805	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	P.O. Box 149971	
	Orlando, Florida	
	32814	
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office addres		
Name of New Registered Agent N/A		
yume by new negative rigen		
(Florida st	treet uddress)	
No. Bosinson Company Allows N/A	Ph. 11.	
New Registered Office Address:	(City) (Zip Code)	
New Registered Agent's Signature, if changing Registered Agent		
l hereby accept the appointment as registered agent. I am familiar	with and accept the obligations of the position.	
;		
a [/	Ŋ	
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, a 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 = Ch Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each offi 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 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 Chang Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	<u>John Doe</u>		
X Remove	<u>v</u>	Mike Jones		
X Add	<u>\$V</u>	Sally Smith		
Type of Action (Check One)	Title	Name		Address
1) Change		N/A		
Add				
Remove				
2) Change		N/A		
Add				
Remove				
3) Change		N/A 		
Add				
Remove				
4) Change		N/A	 	
Add				
Remove				
5) Change		N/A		
Add				
Remove				
6) Change		N/A		
Add				
Remove				

(Attach additional sheets, if necessary).	(Be specific)
N/A	
N/A	
N/A	
	
 	
	
F. If an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
N/A	

The date of each amendment(s) a date this document was signed.	doption:	, if other than
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this locument's effective date on the D	block does not meet the applicable statutory filing requirements, this date epartment of State's records.	will not be listed as
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ad by the shareholders was/were so	opted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval.	
	proved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s):	!
"The number of votes cast	t for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were ad action was not required.	lopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were ad action was not required.	opted by the incorporators without shareholder action and shareholder	
Dated	OBER 4, 2018	
Signature(By a c	director president or other officer – if directors or officers have not been	
	ed, by an incorporator,—if in the hands of a receiver, trustee, or other court	
appoir	nted fiduciary by that fiduciary)	
	Maria Gonzalez	
	(Typed or printed name of person signing)	
	Director	
	(Title of person cigning)	