P170000 66562

Office Use Only



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COVER LETTER

TO: Amendment Section

Division of Corporations					
NAME OF CORPORATION: Mayio Blos Estimating Inc					
DOCUMENT NUMBER: P17000066562					
The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
Mario Garcia Name of Contact Person Mario Bros Estimating inc Firm/ Company 1700 NW 18th Aue Address					
Name of Contact Person					
Mario Bros Estimating me					
Firm/ Company					
1700 NW 18th Ave					
Address					
Miami, FL 33125					
City/ State and Zip Code					
Mario • Garcia 72 @ gmail · Com E-mail address: (to be used for future annual report notification)					
12-man address. (to be used for facility annual report normality)					
For further information concerning this matter, please call:					
Mario Harcia at (786) 488 - 6944 Name of Contact Person Area Code & Daytime Telephone Number					
Name of Contact Person Area Code & Daytime Telephone Number					
Enclosed is a check for the following amount made payable to the Florida Department of State:					
\$35 Filing Fee Certificate of Status (Additional copy is enclosed) Certificate of Status Certified Copy (Additional Copy is enclosed) (Additional Copy is enclosed)					
Mailing Address Street Address					
Amendment Section Amendment Section Division of Corporations Division of Corporations					
P.O. Box 6327 Clifton Building					

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

Articles of Amendment

Articles of Incorporation of

MARIO BROS E	Stimating Inc	
	lly filed with the Florida Dept. of State)	_
D17 00 00 66 562		
	of Corporation (if known)	_
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) t	0
A. If amending name, enter the new name of the corporation: Corporation	on," "company," or "incorporated" or the abbreviation	
"Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or 'word "chartered," "professional association," or the abbreviation		
B. Enter new principal office address, if applicable:	1700 NW 18th Ave 31-	1,
(Principal office address MUST BE A STREET ADDRESS)	Miami, R 33125 3	: (1
		j
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
D. If amending the registered agent and/or registered office add		
new registered agent and/or the new registered office address	<u>s:</u>	
Name of New Registered Agent		
tFlorida sti	reet address)	
New Registered Office Address:	. Florida	
	(City) (Zip Code)	
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar t		
Signature of New F	Registered Agent, if changing	

address of each Office (Attach additional shee Please note the officer: P = President: V= Vid Executive Officer; CF held. President. Treast Changes should be not a change, Mike Jones Mike Jones, V as Remo	er and/or 1 ets, if neces (director tit ce Presiden O = Chief urer, Direct ted in the fo	Director being addesary) le by the first letter at: T = Treasurer: Serinancial Officer. for would be PTD. following manner. Corporation, Sally S.	of the office title: = Secretary: D= Direct If an officer/director h Currently John Doe is li Smith is named the V an	ctor; TR= Trus holds more than isted as the PSI	tee; C = Chairman n one title, list the T and Mike Jones is	or Clerk; CEO : first letter of eac s listed as the V. 1	= Chief h office There is
Example: X Change	PT	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>			<u>Addres</u> s		
1) Change					<u>, , , , , , , , , , , , , , , , , , , </u>		
Add				_			
Remove				_			
2) Change			. <u>.</u> .				
Add							Í
Remove				~	 		ı
3) Change							1
Add				_	-	<u>-</u>	
Remove				-			
4) Change				<u> </u>			
Add				_	. 		,
Remove				_	 _		1
5) Change							
Add							
Remove						· · · · · · · · · · · · · · · · · · ·	

6) ____ Change

__ Add

__ Remove

	if necessary). (l	Be specific)				
						
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						·
an amendment provid	es for an exchang	e, reclassificat	ion, or cancel	lation of issued	shares,	
orovisions for implement (if not applicable, in	dicate N/A)	ight if not com	tamed in the a	<u>menament itsei</u>	<u>I:</u>	
				<u> </u>		
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-			···			
		····				
	<u>_</u> _					
	<u> </u>		·			. , .

The date of each amendment(s) adoption: date this document was signed.	, if other than the
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date wi document's effective date on the Department of State's records.	ll not be listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
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.	1
☐ 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	1
by	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 08.25.2617	
Signature Allungu	
(by a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
Mario Marcia	
(Typed or printed name of person signing)	
Dres: Jent.	
(Title of person signing)	l l