

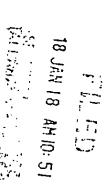
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R. WHITE
JAN 22 2018



COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: American Cap	ital Construction, Inc			
DOCUMENT NUMBER: P17000086689				
The enclosed Articles of Amendment and fee a	re submitted for filing.			
Please return all correspondence concerning this	s matter to the following:			
Juan To ba r				
	Name of Contact Person			
American Capital Constr	uction, Inc			
	Firm/ Company			
11912 S.W. 47TH STRE	ET			
	Address			
COOPER CITY, FL 333	30			
	City/ State and Zip Code			
JUANTOBAR48@GMAIL.CO	DM			
	be used for future annual report notification)			
E-mail address, (to	se asser for future author report normeation)			
For further information concerning this matter,	please call:			
Juan Tobar	954 554-0095			
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 □\$43.75 Filing Fee Certificate of State				
Mailing Address	Street Address			
Amendment Section Amendment Section				
Division of Corporations	Division of Corporations			
P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle			
Lamanassee, FL 32314	Tallahassee, FL 32301			
	,			

Articles of Amendment to-Articles of Incorporation of

FUED

18 JAN 18 AM 10: 51

(Name of Corporation as currently filed with the Florida Dept. of State) (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amits Articles of Incorporation: A. If amending name, enter the new name of the corporation: The name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co." A professional corporation name must contour "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 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 address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent N/A (Florida street address) New Registered Office Address: (City) (City) (Florida (City) (Florida (Florida (City) (Florida (City) (Florida (City) (Florida	٠.
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New Registered Office Address:, Florida	
New Registered Office Address:, Florida	
New Registered Office Address:, Florida	
' (City) (Zip Code	
)
ew Registered Agent's Signature, if changing Registered Agent:	
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 PT John Doe X Remove V Mike Jones X Add Sally Smith Type of Action Address Title Name (Check One) TD Christopher S. Tovar 11912 SW 47th Street 1) ____ Change Cooper City, FL 33330 ___ Add Remove 14851 SW 143rd Terrace TD Aroldo Alfonso Igirio 2) Change Miami, FL 33196 Add Remove 3) Change ____ Add Remove Change ____ Add _ Remove Change __ Add Remove 6) ____ Change

____ Add

_ Remove

C. If amending or adding additional Article (Attach additional sheets, if necessary).	(Be specific)	
		•
	 !	
provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:	
(if not applicable, indicate N/A)		
	<u> </u>	
/A		
	-	
	1	

The date of each amendment(s) adoption:	_, 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 block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.	not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
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"	
(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.	
1/16/2018	
Signature Culan Folar	_
(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)	
Juan Tobar	
(Typed or printed name of person signing)	 .
President	1
(Title of nerson signing)	