700008858

(Requestor's Name)
(Address)
(Address)
(riddicss)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(2-5,1003 2-10.5, 110.110)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
1

Office Use Only



400293574944

12/01/17--01014--025 **35.00

NOV 3 0 2017 D CUSHING

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: ACO	STA ENGINEER INC
DOCUMENT NUMBER: P1700008	8588
The enclosed Articles of Amendment	and fee are submitted for filing.
Please return all correspondence conce	ming this matter to the following:
IVETT ACOST	A
	Name of Contact Person
ACOSTA ENG	NEERS INC
-	Firm/ Company
16611 NW 89T	I PL
	Address
MIAMI LAKES	, FL 33018
	City/ State and Zip Code
DAKOTATAX@GM	AIL.COM
	less: (to be used for future annual report notification)
For further information concerning this	matter, please call:
IVETT ACOSTA	at (305) 979 0830
Name of Contact Person	
Enclosed is a check for the following a	mount made payable to the Florida Department of State:
■ \$35 Filing Fee □\$43.75 Filing Fee Certificat	ling Fee & S43.75 Filing Fee & S52.50 Filing Fee of Status Certified Copy Certificate of Status (Additional copy is enclosed) (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporat P.O. Box 6327 Tallahassee, FL 3231	Clifton Building

UT SE MA OCHUR 21

Articles of Amendment to Articles of Incorporation of

THOU 20 PM 3: 40

ACOSTA ENGINEER INC

(Nar	ne of Corporation as currently	filed with the Florida Dept. of State)	
P17000088588			
	(Document Number of C	Corporation (if known)	
Pursuant to the provisions of section 6 its Articles of Incorporation:	07.1006, Florida Statutes, this <i>Fl</i>	lorida Profit Corporation adopts the following	g amendment(s) to
A. If amending name, enter the new	name of the corporation:		
ACOSTA ENGINEERS INC			The new
	ignation "Corp," "Inc," or "Co	" "company," or "incorporated" or the a o". A professional corporation name must A."	bbreviation
B. Enter new principal office addre			 .
(Principal office address <u>MUST BE</u>	(STREET ADDRESS)		
			
			
C. Enter new mailing address, if ag	nlicable:		
(Mailing address MAY BE A POS			·
			
D. If amending the registered agent	and/or registered office addres	s in Florida, enter the name of the	
new registered agent and/or the			
Name of New Registered Age	41		
Name of New Registered Age	<u> </u>		-
	ZEL 11		
	(Florida street	addressj	
New Registered Office Addres		, Florida	
	(C)	ity) (Zip C	Code)
New Registered Agent's Signature, i	istered agent. I am familiar witi	h and accept the obligations of the position.	
· · · · · · · · · · · · · · · · · · ·	5		
		+	
			_
	Signature of New Reg	istered 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 = Trustce; 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	<u>Doc</u>	
X Remove	<u>V</u> <u>Mike</u>	Jones	
X Add	SV Sally	Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change			
Add			
Remove			
2) Change			
Add			
Remove		•	· .
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
			·
5) Change			
Add			
Remove			
6)Change			
Add			
Remove			

. If amending or adding additions	l Articles, enter change(s) here:	
(Attach additional sheets, if necess	ary). (Be specific)	
· · · · · · · · · · · · · · · · · · ·		
		
-		
<u> </u>		
		·
If an amendment provides for at	exchange, reclassification, or cancellation of issued shall	es,
provisions for implementing the	amendment if not contained in the amendment itself:	
(if not applicable, indicate N	4)	
		ı
		
<u></u>		
		<u>:</u>
		I
		:
		1

	11/02/2017	
The date of each amendment(s) add date this document was signed.	ption:	, if other than the
11/02/ Effective date if applicable:	2017	
	(no more than 90 days after amendment file date)	·
Note: If the date inserted in this bld document's effective date on the Depar	ck does not meet the applicable statutory filing requirements, this date will artment of State's records.	not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were adopt by the shareholders was/were suff	ed by the shareholders. The number of votes cast for the amendment(s) cient for approval.	
☐ The amendment(s) was/were appromust be separately provided for ea	veil by the shareholders through voting groups. The following statement sch voting group entitled to vote separately on the amendment(s):	
"The number of votes cast fo	r the amendment(s) was/were sufficient for approval	
by	(voting group)	
☐ The amendment(s) was/were adopt action was not required.	ed by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were adopt action was not required.	ed by the incorporators without shareholder action and shareholder	
Dated		
Signature (Ry a dire	ctor, 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 fiduciary by that fiduciary)	
·	ETT ACOSTA	
_	(Typed or printed name of person signing)	
PI	ESIDENT	
_	(Title of person signing)	

1