## P17000093880

| (Requestor's Name)                      |
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| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
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| (Business Entity Name)                  |
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## COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPO           | RATION: ARQUIHOMES   | CONTRACTOR CORP.  |  |
|-------------------------|--|---|--|
| DOCUMENT NUM            | BER: <u>P17000093880</u>   |   | ·  |
| The enclosed Article.   | s of Amendment and fee are s   | ubmitted for filing.  | _  |
| Please return all corre | ease return all correspondence concerning this matter to the following:                  |   |  |
|                         | JORGE A GALLEGOS   |   |  |
|                         | ARQUIHOMES CONTRA  | Name of Contact Perso   | on   |
|                         | 3229 NW 34th STREET  | Firm/ Company   |  |
|                         | MIAMI, FL 33142  | Address   |  |
|                         |  | City/ State and Zip Coc   | le   |
| eo                      | rtiz@ibarealty.com   |   |  |
|                         | E-mail address:  | (to be used for future annua  | il report notification)  |
| For further information | on concerning this matter, plea  | se call:  |  |
| ENRIQUE ORTIZ F         | RICCI  |   |  |
| <del></del>             |  | at ( <u>786</u>   | <u>) 417 3932</u>  |
| Name                    | of Contact Person  | Area Co   | ode & Daytime Telephone Number   |
| Enclosed is a check for | or the following amount made   | payable to the Florida Depa   | artment of State:  |
| ■ \$35 Filing Fee       | □\$43.75 Filing Fee & Certificate of Status  | □\$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) |
| Ame<br>Divi<br>P.O.     | ding Address<br>endment Section<br>sion of Corporations<br>Box 6327<br>ahassee, FL 32314 | Amend<br>Divisio<br>Clifton   | Address Iment Section on of Corporations Building executive Center Circle              |

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation

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| ARQUIHOMES CONTRACTOR COR  | of<br>₹P  | 70:8                          | <b></b>  |
|--|---|-------------------------------|--|
| (Name of Corporation a   | s currently filed with the Flo  | orida Dent. of State)         | SEP-4 P 2-19   |
| P17000093880   |   | JALLAI.                       | • ,  |
|  | nt Number of Corporation (if  | known)                        | ASSILITECTA  |
| Pursuant to the provisions of section 607 Incorporation:   | .1006, Florida Statutes, this c   | corporation adopts the follow | wing amendment(s) to its Articles                                |
| A. If amending name, enter the new na  | ame of the corporation:   |                               |  |
| NONE   |   |                               |  |
| name must be distinguishable and con<br>"Corp.," "Inc.," or Co.," or the design<br>word "chartered," "professional associa | ution "Corp." "Inc." or "C  | o". A professional corpore    | The new orated" or the abbreviation attion name must contain the |
| B. Enter new principal office address,<br>(Principal office address <u>MUST BE A S</u>                                     | <u>if applicable:</u><br>TREET <u>ADDRESS</u> )   | NONE                          |  |
| C. Enter new mailing address, if appli<br>(Mailing address <u>MAY BE A POST</u> )  | <u>cable:</u><br>OFFICE BOX)  | NONE                          |  |
| D. If amending the registered agent an new registered agent and/or the new   | d/or registered office addres   | ss in Florida, enter the nan  | ne of the  |
|  | JORGE A GALLEGOS  |                               |  |
| Name of New Registered Agent   |   | <del></del>                   |  |
|  | 3229 NW 34th STREET   |                               |  |
| New Registered Office Address:   | (Florida stre   | et address)<br>, Florida_     | 33142  |
|  | (City)  |                               | (Zip Code)   |
| New Registered Agent's Signature, if cl<br>I hereby accept the appointment as regist<br>Sig                                | nanging Registered Agent:<br>cred agent. I am familiar wit<br>mature of New Registered Ag | <u>/</u> .                    | of the position.   |

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:<br><u>X</u> Change   | <u>PT</u> <u>Joh</u> | <u>m Doe</u>     |                     |  |
|-------------------------------|----------------------|------------------|---------------------|--|
| X Remove                      | <u>V</u> <u>Mi</u>   | Mike Jones       |                     |  |
| X Add                         | <u>SV</u> <u>Sal</u> | Sally Smith      |                     |  |
| Type of Action<br>(Check One) | <u>Title</u>         | Name             | <u>Addres</u> s     |  |
| 1) Change                     | P                    | JORGE L GALLEGOS | 3229 NW 34th STREET |  |
| Add                           |                      |                  | MIAMI_FL_33142      |  |
| X Remove                      |                      |                  |                     |  |
| 2) Change                     |                      | JORGE A GALLEGOS | 3229 NW 34th STREET |  |
| Add                           |                      |                  | MIAMI FL 33142      |  |
| X Remove                      |                      |                  |                     |  |
| 3   Change                    | <u> </u>             | JORGE A GALLEGOS | 3229 NW 34th STREET |  |
| X Add                         |                      |                  | MIAMI FL 33142      |  |
| Remove                        |                      |                  |                     |  |
| 4) Change                     | <del></del>          |                  |                     |  |
| Add                           |                      |                  |                     |  |
| Remove                        |                      |                  |                     |  |
| 5) Change                     |                      |                  |                     |  |
| Add                           |                      |                  |                     |  |
| Remove                        |                      |                  |                     |  |
| б) Change                     |                      |                  |                     |  |
| Add                           |                      |                  |                     |  |
| Remove                        |                      |                  |                     |  |

|  | oration is organized is to create a general public benefit and:  |
|--|--|
| NONE   |  |
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|  | fit(s) to be created by the corporation (in addition to its general purpose  |
| NONE   |  |
| 1,0112   |  |
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|  | Director(s), if any, are as follows:   |
| NONE   |  |
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|  |  |
|  |  |
|  |  |
| The name(s) and address(es) of the Bene  | efit Director(s) and/or Benefit Officer(s), if any:  |
| The name(s) and address(es) of the Bene<br>Name and Title:   | efit Director(s) and/or Benefit Officer(s), if any:  Name and Title:   |
|  | Name and Title:  |
| The name(s) and address(es) of the Bene<br>Name and Title:   | efit Director(s) and/or Benefit Officer(s), if any:  Name and Title:   |
| The name(s) and address(es) of the Bene<br>Name and Title:   | efit Director(s) and/or Benefit Officer(s), if any:  Name and Title:  Address:   |
| The name(s) and address(es) of the Bene<br>Name and Title:<br>Address:   | Address: (Include attachment if necessary)   |
| The name(s) and address(es) of the Bene<br>Name and Title:   | Address:  (Include attachment if necessary)  Tequired minimum status vote, terminates its status as a Florida Profest. |
| The name(s) and address(es) of the Bene Name and Title:  Address:  The corporation, in accordance with the Corporation in accordance with s. 607.6 | Address:  (Include attachment if necessary)  Tequired minimum status vote, terminates its status as a Elevida Profest. |
| The name(s) and address(es) of the Bene<br>Name and Title:   | efit Director(s) and/or Benefit Officer(s), if any:  Name and Title:  Address:   |

| is: NONE  | 7.504, F.S. The business purpose for which the social purpose corporation is   |
|---|--|
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|   |  |
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| The public benefit for which the corp   | ovation is ovaculand in  |
|   | oración is organized is:   |
| NONE  |  |
|   |  |
|   |  |
|   |  |
| The specific public benefit(s) to be cr   | cated by the corporation (in addition to the above) is/are as follows (optional  |
| NONE  |  |
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| The additional qualifications of Benef  | it Director(s), if any, are as follows:  |
| The additional qualifications of Benef  | it Director(s), if any, are as follows:  |
| The additional qualifications of Benef  | it Director(s), if any, are as follows:  |
| The additional qualifications of Benef  | it Director(s), if any, are as follows:  |
| The additional qualifications of Benef  | it Director(s), if any, are as follows:  |
| The additional qualifications of Benefore  NONE  The name(s) and address(es) of the Be  | it Director(s), if any, are as follows:  enefit Director(s) and/or Benefit Officer(s), if any:   |
| The additional qualifications of Beneford NONE  The name(s) and address(es) of the Beneford Research Property (see Section 1988).   | it Director(s), if any, are as follows:  enefit Director(s) and/or Benefit Officer(s), if any:  Name and Title:  |
| The additional qualifications of Beneford NONE  The name(s) and address(es) of the Beneford Name and Title:   | it Director(s), if any, are as follows:  enefit Director(s) and/or Benefit Officer(s), if any:  Name and Title:  |
| The additional qualifications of Benefore  NONE  The name(s) and address(es) of the Benefore Name and Title:  | it Director(s), if any, are as follows:  enefit Director(s) and/or Benefit Officer(s), if any:  Name and Title:  Address:                                    |
| The additional qualifications of Benef  | it Director(s), if any, are as follows:  enefit Director(s) and/or Benefit Officer(s), if any:  Name and Title:  |
| The additional qualifications of Benefore  NONE  The name(s) and address(es) of the Benefore Name and Title:  | it Director(s), if any, are as follows:  enefit Director(s) and/or Benefit Officer(s), if any:  Name and Title:  Address:                                    |
| The additional qualifications of Benefore NONE  The name(s) and address(es) of the Benefore and Title:  Address:  | it Director(s), if any, are as follows:  enefit Director(s) and/or Benefit Officer(s), if any:  Name and Title:  Address:  (Include attachment if necessary) |
| The additional qualifications of Beneford NONE  The name(s) and address(es) of the Bename and Title:  Address:  The corporation, in accordance with the   | enefit Director(s) and/or Benefit Officer(s), if any:  Name and Title:  Address:  (Include attachment if necessary)  |
| The additional qualifications of Beneford NONE  The name(s) and address(es) of the Bename and Title:  Address:  The corporation, in accordance with the Corporation in accordance with s. 607.      | it Director(s), if any, are as follows:  enefit Director(s) and/or Benefit Officer(s), if any:  Name and Title:  Address:                                    |
| The additional qualifications of Benefonesia.  NONE  The name(s) and address(es) of the Bename and Title:  Address:  The corporation, in accordance with the Corporation in accordance with s. 607. | enefit Director(s) and/or Benefit Officer(s), if any:  Name and Title:  Address:  (Include attachment if necessary)  |

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| <u> </u> | amendment provides for an exchange, reclassification, or cancellation of issued shares, |
| DI       | visions for implementing the amendment if not contained in the amendment it also        |
|          | (if not applicable, indicate N/A)   |
| NE       |   |
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| The date of each amendmen date this document was signed |  | , if other than the |
|---|--|---------------------|
| Effective date if applicable:                           | AUGUST 31, 2018  |                     |
|   | (no more than 90 days after amendment file date)   | <u> </u>            |
| Adoption of Amendment(s)                                | ( <u>CHECK ONE</u> )   |                     |
| ■ The amendment(s) was/wei<br>by the shareholders was/w | re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.   |                     |
| ☐ The amendment(s) was/wer must be separately provide   | re approved by the shareholders through voting groups. The following statement ed for each voting group entitled to vote separately on the amendment(s):   |                     |
| "The number of vote                                     | s east for the amendment(s) was/were sufficient for approval   |                     |
| by  | (voting group)   |                     |
|   | (voting group)   |                     |
| ☐ The amendment(s) was/wer action was not required.     | re adopted by the board of directors without shareholder action and shareholder  |                     |
| ☐ The amendment(s) was/wer action was not required.     | e adopted by the incorporators without shareholder action and shareholder  |                     |
| Dated_AUC   | GUST 29, 2018  |                     |
| Signature   |  |                     |
| SC  | by a director, president or other officer – if directors or officers have not been elected, by an incorporator – if it the hands of a receiver, trustee, or other court oppointed fiduciary by that fiduciary) | <del></del>         |
|   | JORGE A GALLEGOS   |                     |
|   | (Typed or printed name of person signing)  | <del></del>         |
|   | PRESIDENT  |                     |
|   | (Title of person signing)  | _                   |