P180000004639

(Requ	estor's Name)	
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SECRETARY SECRETARY

Amend

OCT 2.2 2018
I ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: PRIME HUME BUILDERS OF FLORIDA CORP				
DOCUMENT NUMBER: P 18 0000 0 4639				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
VEUNEU NOULEDA				
Name of Contact Person				
Name of Contact Person FRINE HONE BUILDERS OF FIORIOA CORP Firm/ Company				
2520 NW 97 AVE SUITE 220				
DORAL, FL 33142 City/ State and Zip Code				
City/ State and Zip Code				
E-plail address: (to be used for future annual report notification)				
E-plail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Name of Contact Person at () 01 468-1416 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:				
S35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) Certified Copy (Additional Copy is enclosed)				
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address Amendment Section Division of Corporations Clifton Building Tallahassee, FL 32314 Z661 Executive Center Circle Tallahassee, FL 32301				

Articles of Amendment

to

Articles of Incorporation

of

PRIME HOME BUI	IDERS OF	FLORIDA CO	DRP.			
		filed with the Florida De	pt. of State)			
P 180000046	39					
(D	ocument Number of C	Corporation (if known)				
Pursuant to the provisions of section 607.1006, Flits Articles of Incorporation:	orida Statutes, this Fl	orida Profit Corporation	adopts the fol	lowing ame	endment(s	i) to
A. If amending name, enter the new name of the	be corporation:	NA				
				The	new	
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "Cword "chartered," "professional association," or	Corp," "Inc," or "Co	o". A professional corpo	vorated" or ration name	the abbrev must conta	iation in the	
B. Enter new principal office address, if applie (Principal office address MUST BE A STREET		N/4	<u>.</u>			
			· · ·		201	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		N/A		72.5) OCT	
					-	1
				,	<u>=</u>	Ċ
D. If amending the registered agent and/or reg new registered agent and/or the new registered		s in Florida, enter the na	ime of the) 1819 2	10	
Name of New Registered Agent	N/A					
	(Florida stree	(address)		 -		
New Registered Office Address:	,	ity)	, Florida			
		ity)		(Lip Code)		
New Registered Agent's Signature, if changing I hereby accept the appointment as registered age		th and accept the obligation	ons of the pos	uion.		
	<i>P/</i>	A . distered Agent, if changing				
	Signature of New Reg	ustered Agent, if changing	3			

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:

XChange	<u>P.T</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
<u>X</u> Add	<u>\$V</u>	Salty Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
I) Change	5	HENDEZ, COPRLADO	2520 NW 97 AVE
Add			SUITE ZZU
X Remove		•	DORAL, FL, 33172
2) Change		JAVIER DUGARTE	2520 NW 97 AVE
_ <u>X_</u> Add			SUITE 220
Remove			DORAL, FL, 33 172
3)Change			
Add			
Remove			
4) Change			
Add			
Remove			-
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	heets, if necessary).				
		N	/A		
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n amendment p	rovides for an excha	nge, reclassificat	ion, or cancellation	on of issued shar	es
<u>ovisions for imp</u>	lementing the amen-	dment if not cont	ained in the amer	ndment itself:	223
(if not applicat	ble, indicate N/A)				
		N// L	1		
- <u> </u>		<u></u>	1		
					
			•		

The data of each amendment(s) ad	anton. NA	if ather they the
The date of each amendment(s) ad date this document was signed.	option:	, if other than the
Effective date if applicable:	N/A (no more than 90 days after amenda	
	(no more than 90 days after amenda	nent file date)
Note: If the date inserted in this b document's effective date on the De	lock does not meet the applicable statutory filing partinent of State's records.	g requirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes ca Nicient for approval.	ist for the amendment(s)
	roved by the shareholders through voting groups. each voting group entitled to vote separately on t	
	for the amendment(s) was/were sufficient for appr	
by	N/A: (voting group)	
	(voting group)	
☐ The amendment(s) was/were ado action was not required.	pted by the board of directors without shareholder	r action and shareholder
The amendment(s) was/were ado action was not required.	pted by the incorporators without shareholder acti	ion and shareholder
Dated 4/2	7/2018	
Signature	7/2018 What affle	
(Dy a di	rector, president or other officer - if directors or it, by an incorporator - if in the hands of a receive	
	ed fiduciary by that fiduciary)	
	KENDEN AGUILER	\mathcal{A}^{\perp}
	(Typed or printed name of person sign	ning)
	T	
•	(Title of person signing)	