0180000 20619

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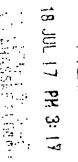
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	ORATION: KMM ALL CONS	STRUCTION SERVICES I	NC
	1BER: P18000020619		
The enclosed Article	es of Amendment and fee are su	ibmitted for litting.	
Please return all cor	respondence concerning this ma	itter to the following:	
	KEIDY M. MENDOZA ME	ZA	
		Name of Contact Person	n
	KEIDY M. MENDOZA ME	ZA	
		Firm/ Company	
	1443 SW 44TH AVE		
		Address	
	PLANTATION FL 33317		
		City/ State and Zip Cod	<u> </u>
For further informat	E-mail address: (to be used)	sed for future annual report	notification)
KEIDY M. MENDO			1
Nam	e of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check	for the following amount made	payable to the Florida Depa	ertment of State:
S35 Filing Fee	□S43.75 Filing Fee & Certificate of Status	□S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ar Di P.	ailing Address mendment Section vision of Corporations O. Box 6327 illahussee, FL 32314	Amend Divisio Clifton	Address ment Section of Corporations Building xecutive Center Circle

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation of

(<u>Name</u>	of Corporation as curren	tly filed with the Florida Dep	pt. of State)
P18000020619			
	(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, thi	s Florida Profit Corporation (adopts the following amendment(s:
A. If amending name, enter the new na	ame of the corporation:		
			The new
name must be distinguishable and con "Corp." "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp." "Inc." or	"Co". A professional corpor	porated" or the abbreviation
, ,		SAME ABOVE	亞 (
B. Enter new principal office address. (Principal office address MUST BE A S			
C. Enter new mailing address, if appl		SAME ABOVE	
(Mailing address <u>MAY BE A POST</u>	<u>OFFIÇE BOX</u>)		<u> </u>
		•	
D. <u>If amending the registered agent an</u>	nd/or registered office add	dress in Florida, enter the na	me of the
new registered agent and/or the new			
Name of New Registered Agent	REIDY M. MENDOZA MEZA		
	1443 SW 44TH AVE		
	(Florida s	treet address)	
New Registered Office Address:	PLANTATION		, Florida 33317
		(City)	(Zip Code)
New Registered Agent's Signature, if c	hanging Registered Agen	it:	
I hereby accept the appointment as regist	ered agent. I am familiar	with and accept the obligation	ns 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:

tAttach 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: <u>X</u> Change	<u>PT</u>	John Dog	
X Remove	\underline{V}	Mike Jones	
X Add	<u>8V</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change	VP_	HECTOR LOPEZ	1443 SW 44TH AVE
Add			PLANTATION FL 33317
Remove			· · · · · · · · · · · · · · · ·
2) Change	VP	ELIAS ROBLERO	10 BEVERLY ST
X Add			MC RAE HELENA GA 31055
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
AJd			
Remove			
6) Change			
Add			
Remove			

(Attach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)	
		•
		_
		<u> </u>
		
		
		 -
If on amondment amondo. For an arch		
provisions for implementing the amer	ange, reclassification, or cancellation of issued shadment if not contained in the amendment itself:	ares,
(if not applicable, indicate $N(A)$		
-		
 		

	JULY 10 2018	
The date of each amendment(s)	(doption:	, if other than the
date this document was signed.		
	LY 10 2018	
Enterior date in appreciane.	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing requirements, this date bepartment of State's records.	will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were as by the shareholders was/were:	dopted by the shareholders. The number of votes east for the amendment(s) sufficient for approval.	
	oproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):	ut.
	t for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
	dopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were action was not required.	lopted by the incorporators without shareholder action and shareholder	
JULY 10 Dated	2018	
Signature K	zidi M. Mendoza	
select	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court need fiduciary by that fiduciary)	
	KEIDY M. MENDOZA MEZA	
	(Typed or printed name of person signing)	
	P	
	(Title of person signing)	