P18000011755

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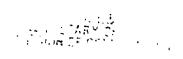
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COVER LETTER

		COVER LETTER	, -	3
TO: Amendment Sec Division of Cor				ALL SED IT WITH ST
NAME OF CORPO	S A CONSTRUC	CTION SERV. CORP		
DOCUMENT NUM	P18000071755			
The enclosed Article.	s of Amendment and fee are su	bmitted for filing.	-	43
Please return all corre	espondence concerning this ma	tter to the following:		
	SILVIO E. SANCHEZ			
		Name of Contact Perso	n	
	S A CONSTRUCTION SE	RV. CORP		
	2921 SW 3 STREET	Firm/ Company		
	MIAMI, FL 33135	Address	,	
		City/ State and Zip Cod	e	
JC	DRGEPAIZ1968@HOTMAIL	.COM		
	E-mail address: (to be used for future annua	l report notification)	_
For further information	on concerning this matter, pleas	se call;		
SILVIO E. SANCH	EZ	305 at (305-6887	
Name	of Contact Person		de & Daytime Telephone Number	_
Enclosed is a check f	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 & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
An Div P.C	niling Address nendment Section vision of Corporations D. Box 6327 Hahassee, FL 32314	Ameno Divisio Cliftor 2661 E	Address Iment Section on of Corporations a Building Executive Center Circle	

Articles of Amendment to Articles of Incorporation of



2010 SEP 17 AHII: 60

S A CONSTRUCTION SERV. CORP

(Name of Corporation as	s currently filed with the Flo	rida Dept. of State)	
P18000071755			
(Documer	nt Number of Corporation (if)	snown)	
Pursuant to the provisions of section 607 Incorporation:	7.1006, Florida Statutes, this c	orporation adopts the following	; amendment(s) to its Articles of
A. If amending name, enter the new na	ame of the corporation:		
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	iation "Corp," "Inc." or "Co	o". A professional corporation	The new ed" or the abbreviation in ame must contain the
B. Enter new principal office address, (Principal office address <u>MUST BE A S</u>			
C. Enter new mailing address, if applies (Mailing address MAY BE A POST) D. If amending the registered agent and new registered agent and/or the new register	OFFICE BOX) nd/or registered office address: w registered office address:	ss in Florida, enter the name o	f the
Name of New Registered Agent	JORGE A. PAIZ		
	2750 SW 5 STREET		
	(Florida stre	ret address)	
New Registered Office Address:	MIAMI	, Florida	
	(City)		(Zip Code)
New Registered Agent's Signature, if c I hereby accept the appointment as regist	hanging Registered Agent: terest agent. I am familiar wi grature of New Registered Ag	·	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: <u>X</u> Change	<u>PT</u>	John Du	<u>v.</u>	
X Remove	<u>V</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	Address
X Change	v. T .		SILVIO E. SANCHEZ	2921 SW 3 STREET
Add		_		MIAMI, FL 33135
Remove				
2) Change	Ρ,		JORGE A. PAIZ	2750 SW 5 STREET
X Add				MIAMI, FL 33135
Remove				
3) Change		_		
Add				
Remove				
4) Change	-	_		
Add				
Remove				
5) Change				
Add		_		
Remove				
6) Change		_		
Add				
Remove				

	-
The general and/or specific public be follows (optional):	enefit(s) to be created by the corporation (in addition to its general purpose) i
The collisional matrix arising a con-	The second secon
The additional qualifications of Ben-	efit Director(s), if any, are as follows:
The additional qualifications of Ben-	efit Director(s), if any, are as follows:
The additional qualifications of Ben-	ent Director(s), if any, are as follows:
	Benefit Director(s) and/or Benefit Officer(s), if any:
The name(s) and address(es) of the I	Benefit Director(s) and/or Benefit Officer(s), if any: Name and Title:
The name(s) and address(es) of the I Name and Title:	Benefit Director(s) and/or Benefit Officer(s), if any: Name and Title:
The name(s) and address(es) of the I Name and Title:	Benefit Director(s) and/or Benefit Officer(s), if any: Name and Title: Address:
The name(s) and address(es) of the I Name and Title:	Benefit Director(s) and/or Benefit Officer(s), if any: Name and Title:
The name(s) and address(es) of the I Name and Title: Address: The corporation, in accordance with	Benefit Director(s) and/or Benefit Officer(s), if any: Name and Title: Address:

`	
10-	
The public benefit for which the corporation is organized	ia.
The public ocheric for which the corporation is organized	15.
The specific public benefit(s) to be created by the corpora	ation (in addition to the above) is/are as follows (optional)
The additional qualifications of Benefit Director(s), if an	y, are as follows:
· · · · · · · · · · · · · · · · · · ·	
The name(s) and address(es) of the Benefit Director(s) ar Name and Title:	
The name(s) and address(es) of the Benefit Director(s) ar Name and Title:	nd/or Benefit Officer(s), if any: Name and Title:
The name(s) and address(es) of the Benefit Director(s) ar	nd/or Benefit Officer(s), if any:
The name(s) and address(es) of the Benefit Director(s) ar Name and Title:	nd/or Benefit Officer(s), if any: Name and Title:
The name(s) and address(es) of the Benefit Director(s) ar Name and Title:Address:	nd/or Benefit Officer(s), if any: Name and Title: Address:
The name(s) and address(es) of the Benefit Director(s) ar Name and Title:Address:	nd/or Benefit Officer(s), if any: Name and Title: Address:
The name(s) and address(es) of the Benefit Director(s) ar Name and Title: Address: (Include attach) The corporation, in accordance with the required minimu	nd/or Benefit Officer(s), if any: Name and Title: Address: ment if necessary) m status vote, terminates its status as a Florida Profit Soci
The name(s) and address(es) of the Benefit Director(s) ar Name and Title: Address: (Include attach) The corporation, in accordance with the required minimu	nd/or Benefit Officer(s), if any: Name and Title: Address: ment if necessary)

The additional qualifications of Benefit Director(s), if any, are no longer applicable and are hereby deleted.

	(Attach additional sheets, if necessary). (Be specific)
	f an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:
	(if not applicable, indicate N/A)
•	

Effective date <u>if applicable</u> :	
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
☐ The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.
	proved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s);
	st for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
action was not required.	opted by the board of directors without shareholder action and shareholder opted by the incorporators without shareholder action and shareholder
SEP-07-	2018
Dated	·
Signature	
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 nted fiduciary by that fiduciary)
	SILVIO E. SANCHEZ
	(Typed or printed name of person signing)
	PRESIDENT Musure
	(Title of person signing)

if other than the