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## COVER LETTER

28 SEP 13 24 11: 05 TO: Amendment Section Division of Corporations NAME OF CORPORATION: HORACIOS PAVING INC DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: ROCIO BUSTAMANTE Name of Contact Person HORACIOS PAVING INC Firm/ Company 89 NE 12TH AVE Address HOMESTEAD/ FL33030 City/ State and Zip Code ALICIA@MUSASACCOUNTINGSERVICES.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: **ROCIO BUSTAMANTE** Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ■ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of



## HORACIOS PAVING INC

(Name o	f Corporation as currently	filed with the Florida Dept. of State)	
P18000075545			·.
	(Document Number of C	Corporation (if known)	<del>- '''</del>
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this $F$	loridu Profit Corporation adopts the following a	mendment(s) to
A. If amending name, enter the new na	me of the corporation:		
name must be distinguishable and cont "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or "C	" "company," or "incorporated" or the abbr o". A professional corporation name must con	he new reviation itain the
B. Enter new principal office address,	if applicable:		
(Principal office address MUST BE A S			_
			<u>-</u>
C. Enter new mailing address, if appli	cable:		
(Muiling address MAY BE A POST C			
D. If amending the registered agent an		ss in Florida, enter the name of the	
new registered agent and/or the new			
Name of New Registered Agent	ROCIO BUSTAMANTE		
	89 NE 12TH AVE		
	(Florida stree	ा address)	
No home and Office Address	HOMESTEAD	33030 , Florida	
New Registered Office Address:		City) , Florida (Zip Coa	 le)
New Registered Agent's Signature, if cl			
I hereby accept the appointment as regist	ered agent. I am familiar wi	th and accept the obligations of the position.	
1	of B. Turn		
	oin Butwase Signature of New Re	gistered 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 = 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:	e, ana sai	uy Smun, Sv as an Ada.	
X Change	<u>PT</u>	John Doe	
$\underline{X}$ Remove	$\underline{\mathbf{V}}$	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
X Change	P	ROCIO BUSTAMANTE	89 NE 12TH AVE
Add			HOMESTEAD, FL33030
Remove			
2) Change		_	
Add			
Remove			
3 ) Change			
Add			/
Remove			·
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			·
Remove			

amending or adding tach <i>additional sheets</i>	s, if necessary). (B	Be specific)			
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an amendment prov	<u>ides for an exchang</u>	<u>ge, reclassificatio</u>	in, or cancellation	of issued shares	1
rovisions for implen		<u>nent if not conta</u>	ined in the amend	lment itself:	
(if not applicable,	inaicate iV/A)				
	_				

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The date of each amendment(s	adoption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in the document's effective date on the	s block does not meet the applicable statutory filing requirements, this da Department of State's records.	te will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
■ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes east for the amendment(s sufficient for approval.	5)
	approved by the shareholders through voting groups. The following stateme for each voting group entitled to vote separately on the amendment(s):	ent
"The number of votes c	ast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareholde	er
☐ The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder	
	<u> </u>	
Signature	oei Bustemente a director, president or other officer – if directors or officers have not been	
sele	a director, president or other officer – if directors or officers have not been cted, by an incorporator – if in the hands of a receiver, trustee, or other cour ointed fiduciary by that fiduciary)	ıt
	ROCIO BUSTAMANTE	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	