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FH 5: 45

R. WHITE

AUG 1 4 2019

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: MAO CONSTRU	CTION SERVICES CORP			
	BER: P18000076034		<u> </u>		
The enclosed Articles	of Amendment and fee are su	ibmitted for filing.			
Please return all corre	spondence concerning this ma	atter to the following:			
	DEVORA CRUZ				
		Name of Contact Perso	n		
	AMBAR FINANCIAL SERVICES CORP				
		Firm/ Company			
	1897 PALM BEACH LAKE	S BLVD S-207			
		Address			
	WEST PALM BEACH FL 3	3409			
		City/ State and Zip Cod	e		
DEV	ORACRUZ@BELLSOUTH.	NET			
	E-mail address: (to be us	sed for future annual report	notification)		
For further information	n concerning this matter, pleas	se call:			
DEVORA CRUZ		at (318-8453		
Name	of Contact Person		de & Daytime Telephone Number		
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	artment of State:		
□ \$35 Filing Fee	S43.75 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)		
Ame Divi P.O.	ling Address endment Section sion of Corporations Box 6327 chassee, FL 32314	Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle ussee, FL 32301		

Articles of Amendment to Articles of Incorporation

of of

MAO CONSTRUCTION SERVICES CORP

(Name of Corporati	ion as currently filed with the Fforida Dept. of State 5: 45
P18000076034	
(Docum	nent Number of Corporation (if known)
Pursuant to the provisions of section 607,1006, Floridates and Incorporation:	a Statutes, this Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the co	Orporation:
name must be distinguishable and contain the word "Corp" "Inc.," or Co.," or the designation "Corp, word "chartered," "professional association," or the	The new d'"corporation," "company," or "incorporated" or the abbreviation "Inc," or "Co". A professional corporation name must contain the abbreviation "P.A."
B. Enter new principal office address, if applicable	≌
Principal office address <u>MUST BE A STREET ADD</u>	DRESS)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)	<u>X</u>)
). If amending the registered agent and/or register new registered agent and/or the new registered of	red office address in Florida, enter the name of the office address:
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Regi	(City) , Florida (Zip Code)
Signa	ature 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:

(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: X Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	VP	PEDRO LUIS ROMERO	10110 SW CHADWICK DR
X Add			PORT SAINT LUCIE
Remove			FL 34987
2) Change			<u> </u>
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Pamoua			

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an amendment provides for an exch rovisions for implementing the ame	iange, reclassifica	<u>tion, or cancella</u>	tion of issued	<u>shares,</u> c	
(if not applicable, indicate N/A)	nument if not con	tamed in the an	renament user	<u>1.</u>	
,					
	<u> </u>				
					
			. <u> </u>		
		-			
					
					
					

•	08/06/2019	
	adoption:	, if other than the
date this document was signed.		
0	8/122019	
Effective date if applicable:	(no more than 90 days after amendment file date)	
	processing to the state of the	
Note: If the date inserted in thi document's effective date on the	s block does not meet the applicable statutory filing requirements, this date Department of State's records.	ate will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment(s sufficient for approval.	s)
☐ The amendment(s) was/were a must be separately provided)	pproved by the shareholders through voting groups. The following statemed or each voting group entitled to vote separately on the amendment(s):	ent
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by	<u>, </u>	
	(voting group)	
☐ The amendment(s) was/were a action was not required.	dopted by the board of directors without shareholder action and shareholde	?r
■ The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and shareholder	
08/06/20 Dated	19	
Signature /	(A)	
(By a	director, president or other officer – if directors or officers have not been	
	ted, by an incorporator – if in the hands of a receiver, trustee, or other cour	t
	inted fiduciary by that fiduciary)	
	MARCELINO A OQUENDO	
	(Typed or printed name of person signing)	
	PRESS	
	(Title of person signing)	