## P180000 84393

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## COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: MIAMI FLORIDA	CONTRACTOR, CORP			
DOCUMENT NUMB					
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.			
Please return all corres	pondence concerning this ma	tter to the following:			
	NELSON REYES				
-		Name of Contact Person	)		
	MIAMI FLORIDA CONTRACTOR CORP				
•		Firm/ Company			
	7520 SW 82 ST APT G216				
-		Address	· · · · · · · · · · · · · · · · · · ·		
	MIAMI, FL 33143				
<del>-</del>		City/ State and Zip Cod			
NELR	.EYESA1310@GMAIL.COM	A			
	•	sed for future annual report	notification)		
	·	,			
For further information	concerning this matter, pleas	se call:			
NELSON REYES		at ( 786	817-4374		
Name o	of Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check for	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)		
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			

## Articles of Amendment to Articles of Incorporation

FILED

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to

MIAMI FLORIDA CONTRACTOR, CORP.

(Name o	f Corporation as currently	y filed with the Florida Dept. of State)	eri .
P18000084393		y filed with the Florida Dept. of State)	E, FL
	(Document Number of	f Corporation (if known)	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this .	Florida Profit Corporation adopts the following amends	nent(s) to
A. If amending name, enter the new na	me of the corporation:		
MIAMI PRO SOLUTIONS CORP		The n	ew
	ation "Corp," "Inc." or "	n," "company," or "incorporated" or the abbreviati "Co". A professional corporation name must contain t "PA."	
B. Enter new principal office address,	if applicable:	N/A	
(Principal office address MUST BE A S		<del></del>	-
			-
			-
C. Enter new mailing address, if appli		N/A	
(Mailing address <u>MAY BE A POST</u> )	OFFICE BOX)		-
			-
			-
D. If amending the registered agent an new registered agent and/or the new			
	N/A	<u>.</u>	
Name of New Registered Agent			
	//florida str	reet address)	
	N/A		
New Registered Office Address:		(City) Florida (Zip Code)	-
New Registered Agent's Signature, if c		: with and accept the obligations of the position.	
слегот посерете принимен на гедин	cica agene i um jumitur s	danganas oj ne pamon	
	Circum - CAI - F	Davidson I transfer to democrate	
	Signature of New K	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: XChange	<u> 141</u>	John Do	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	nes	
_X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	Title		Name	<u>Addres</u> s
1) Change		_	N/A	
Add				
Remove				
2) Change		<del></del>		
Add				
Remove				
3 ) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
		_		
Add				·
Remove				

F. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)	
N/A	
•	
F. If 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)	
N/A	
	<del></del>
	<del></del> _

,	FEBRUARY 11, 2019	
The date of each amendment(s) a date this document was signed.	doption:	, if other than the
	BRUARY 11, 2019	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment jù	le datej
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requiepartment of State's records.	rements, this date will not be listed as the
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 east for tifficient for approval.	he amendment(s)
	proved by the shareholders through voting groups. The foreach voting group entitled to vote separately on the amo	
"The number of votes cas	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were adaction was not required.	opted by the board of directors without shareholder action	n and shareholder
☐ The amendment(s) was/were ad action was not required.	opted by the incorporators without shareholder action and	l shareholder
	RY 11, 2019	
Dated		
Signature	Maruth 8 %	
(By a select	firector president or other officer – if directors or officered, by an incorporator – if in the hands of a receiver, trust attend tiduciary by that fiduciary)	
	NELSON REYES	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	