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COVER-LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: PAKIRRY CONS	STRUCTION CORP				
DOCUMENT NUM	BER:					
The enclosed Articles	of Amendment and fee are su	bmitted for filing.				
Please return all corre	spondence concerning this mat	iter to the following:				
	EFREN RIVAS					
	Name of Contact Person					
	GLOBAL BUSINESS SERVICES & CONSULTING INC					
		Firm/ Company				
	4300 CRYSTAL LAKE DR					
	Address					
	POMPANO BEACH, FL 33064					
	City/ State and Zip Code					
	CYBERSERVICESBUSINE	ESS@GMAIL.COM	<i>V</i>			
	E-mail address: (to be us	sed for future annual report	notification)			
For further information	on concerning this matter, pleas	se call:				
EFREN RIVAS		at (558-5846			
Name of Contact Person		Area Co	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)			
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

Λf

to

${\tt PAKIRRY\ CONSTRUCTION\ CORP}$

(Name of Corporation as curren	tly filed with the Flo	orida Dept. of State)	
P190000	04747		
(Document Number	of Corporation (if kn	nown)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corp	poration adopts the fol	lowing amendment(s
A. If amending name, enter the new name of the corporation:			
N/A			The new
name must be distinguishable and contain the word "corporati "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A profession		the abbreviation
B. Enter new principal office address, if applicable:	N/A		
(Principal office address MUST BE A STREET ADDRESS)			72
		 	111
			ヹ
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A		
	-		
D. If amending the registered agent and/or registered office ad-		ter the name of the	
new registered agent and/or the new registered office address	<u>881</u>		
Name of New Registered Agent N/A			
(Florida s	strect address)		
New Registered Office Address:		, Florida	
	(City)		(Zip Code)
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familian		obligations of the posi	ition.
	,	, a	
			<u>_</u>
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:

(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	PT	John De	<u>oe</u>	
X Remove	<u>v</u>	Mike Jones		
X Add	<u>sv</u>	Sally Si	<u>mith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change	TREA		MARIA T ROMERO A	11120 ROYAL PALM BLVD
X Add		_		CORAL SPRINGS, FL 33065
Remove				
2) Change		_		
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change				
Add				
Remove				
5) Change	<u> </u>	_		
Add				
Remove				
6) Change		_		
Add				
Remove				

If amending or adding a (Attach additional sheets,	if necessary). (Be spe	er enange(s) <u>he</u> ecific)	re:		
/A	,	· y - y			
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		-··· <u>-</u>			
	<u>-</u>			·	
		···			
	· 				
If an amendment provid	es for an exchange, re-	classification, o	r cancellation o	f issued shares.	
provisions for impleme	nting the amendment i				
(if not applicable, in	dicate N/A)				
					
			<u>-</u> -	·	
·					<u> </u>
					
		<u>-</u>			
					
					···········

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 dater
Note: If the date inserted in this block does not meet the applic document's effective date on the Department of State's records.	able statutory filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The by the shareholders was/were sufficient for approval.	number of votes east for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders thromust be separately provided for each voting group entitled to v	
"The number of votes cast for the amendment(s) was/were	• •
by	·"
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors action was not required.	without shareholder action and shareholder
■ The amendment(s) was/were adopted by the incorporators with action was not required.	out shareholder action and shareholder
02/18/2019 Dated	
Signature Delia	
(By a difector, president or other offic	er – il'directors or officers have not been hands of a receiver, trustee, or other court
PASCUAL PA	ASHANASI
(Typed or printed r	name of person signing)
PRESII	DENT
(Title c	f person signing)