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Office Use Only



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SCILLAND SEE, FLORD

FEB 1 8 2019 S. YOUNG

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: _	Rer	ovart	Cont	ractors	Corp.
	CUMENT NUMBER: P 19 00000 6350				
The enclosed Articles of Amendme	ent and fee are st	ibmitted for filin	ñ.		
Please return all correspondence co	oncerning this ma	itter to the follow	ring:		
		Name of Cor	Per a	fan.	·
	Firm/ Company				
	3847 (Soulf S	hove ress	circle.	
<u>ki</u> s	ssimme	e flor- City/ State ar	اتلادر nd Zip Code	34746	
E-mail	novarta	ontracti sed for future an	ov S @	hotmai	l.com
For further information concerning	this matter, plca	se call:			
Lady Pera Name of Contact Po	(fan erson	at (_	786 Area Cod) <u>6 } [</u> le & Daytime Tel	9 3 4 9 ephone Number
Enclosed is a check for the followi	ng amount made	payable to the F	lorida Depai	tment of State:	
\$35 Filing Fee	75 Filing Fee & ficate of Status	Certified Co	ору	□\$52.50 Filing Certificate of Certified Cop (Additional C is enclosed)	Status
Mailing Address Amendment Section Division of Corporations P.O. Box 6327			Division	Address ment Section n of Corporations Building	

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation of

fenovart (ontractors Corp.
(Name of Corporation as currently filed with the Florida Dept. of State)
P1900006350
(Document Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:
A. If amending name, enter the new name of the corporation:
The new
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."
B. Enter new principal office address, if applicable:
(Principal office address <u>MUST BE A STREET ADDRESS</u>)
C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:
Name of New Registered Agent
(Florida street address)
New Registered Office Address:
(Cay) (Zap Chac)
New Registered Agent's Signature, if changing Registered Agent:
I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.
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, at 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 officheld. President, Treasurer, Director would be <math>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 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	M	Alvaro Sabogal	3847 Gulf shore
Add Remove			Circle, Kissimme, FL 34746
2)Change		· · · · · · · · · · · · · · · · · · ·	
Add Remove			
3) Change			
Add			
4) Change		<u></u>	
Add Remove			
5) Change			
Add Remove			**************************************
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	ticles, enter change(s) here: (Be specific)	
		
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	<u> </u>	
f an amendment provides for an exch	hange, reclassification, or cancellation of issued shares,	
provisions for implementing the amer	endment if not contained in the amendment itself:	
(if not applicable indicate N/A)		
(if not applicable, indicate N/A)		
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(if not applicable, indicate N/A)		
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(if not applicable, indicate N/A)		
(if not applicable, indicate N/A)		
(if not applicable, indicate N/A)		

The date of each amendment(s) adoption:	52/10/2019.	, if other than t
date this document was signed.		
Effective date <u>if applicable</u> :		
(no mor	re than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the document's effective date on the Department of State's re-		date will not be listed as th
Adoption of Amendment(s) (CHECK ON	NE)	
☐ The amendment(s) was/were adopted by the sharehold by the shareholders was/were sufficient for approval.	lers. The number of votes east for the amendmen	nt(s)
☐ The amendment(s) was/were approved by the sharehole must be separately provided for each voting group en		ment
"The number of votes east for the amendment(s)	was/were sufficient for approval	
by(voting group	·"	
☐ The amendment(s) was/were adopted by the board of action was not required.	directors without shareholder action and shareholder	lder
The amendment(s) was/were adopted by the incorpora action was not required.	stors without shareholder action and shareholder	
Dated 02/10/29	019	
	ther officer – if directors or officers have not bee – if in the hands of a receiver, trustee, or other conductory)	
(Typed or	Yonara Peratan. printed name of person signing)	
(1)	President.	
	(Title of person signing)	