P19000008140

(Re	questor's Name)	
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PICK-UP	■ WAIT	MAIL
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S TALLENT JUL , () 2019

2019 JUL 29 PM 5: 35 SEONE CRY SESSEL



June 20, 2019

MICHELLY FERREIRA CAMPANA GROUPS LLC 3023 BURTON POINT COURT WAXHAW, NC 28173

SUBJECT: A CONSTRUCTION US INC

Ref. Number: P19000008140

We have received your document for A CONSTRUCTION US INC, however, upon receipt of your document no check was enclosed. Please return your document along with a check or money order made payable to the Department of State for \$35.00.

THE FEE SCHEDULE IS PROVIDED FOR CORPORATIONS.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Susan Tallent Regulatory Specialist II

2019 JUL 29 PH 2: 2

Letter Number: 919A00012457

COVER LETTER

Division of Cor	porations		
A CONSTI	RUCTION US INC		
SUBJECT.	Name of Lim	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	MICHELLY FERREIRA		
		Name of Person	
	CAMPANA GROUPS LL	С	
		Firm/Company	
	3023 BURTON POINT CO	OURT	
		Address	·
	WAXHAW, NC 28173		
		City/State and Zip Code	
	MICHELLY@CAMPANA	GROUPS.COM	
	E-mail address: (to be used for future annual report notifi	cation)
For further information e	oncerning this matter, please ca	all:	
MICHELLY FERREIRA	1	954 228-0706 at ()	
Name o	f Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO: Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

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

RECEIVED
JUN 0 5 2019

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION:		
DOCUMENT NUMI	BER:		
The enclosed Articles	of Amendment and fee are su	ibmitted for filing.	
Please return all corre	spondence concerning this ma	itter to the following:	
		Name of Contact Perso	11
		Firm/ Company	
		Address	
		City/ State and Zip Cod	e
	E-mail address: (to be us	sed for future annual report	notification)
For further information	1 concerning this matter, pleas	se call:	
		at ()de & Daytime Telephone Number
Name o	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	r 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)
Mail	ling Address	Street	Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

Articles of Amendment to Articles of Incorporation of

	of
A CONSTRUCTION US INC	
(Name of Corporation as curren	tly filed with the Florida Dept. of State)
P19000008140	
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607.1006. Florida Statutes, thi its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporate "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or word "chartered," "professional association," or the abbreviation B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	"Co". A professional corporation name must contain the
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	5.EC [1.7.2 PM 5:
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address	<u>ss:</u>
DELANA RIBEIRO, JACQUELIN Name of New Registered Agent	B
1121 S. Military Trail #2	

New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Deerfield beach

Signature of New Registered Agent, if changing

(Florida street address)

(City)

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	P	DELANA, JOSEBEL	972 S DEERFIELD AVE
Add xRemove			DEERFIELD BEACH, FL 33441
2) X Change	P	DELANA RIBEIRO, JACQUELINE	1121 S. Military Trail #267
Add			DEERFIELD BEACH, FL
Remove			
3) Change			
, Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			41-14-
6) Change			
Add			
Remove			

	ing additional Article eets, if necessary).	(Be specific)				
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in amendment pro	ovides for an exchang	ge, reclassificati	on, or cancellat	on of issued shar	res,	
(if not applicable	menting the amenda	nent if not cont.	ained in the ame	ndment itself:		
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The date of each amendment(s) adoption:
Effective date if applicable:
Effective date if applicable: (no more than 90 days after amendment file date)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records.
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):
"The number of votes cast for the amendment(s) was/were sufficient for approval
by
(voting group)
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
Dated 05-24-19
Tacolog PED.
Signature (By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
JACQUELINE RIBEIRO DELANA
(Typed or printed name of person signing)
VICE PRESIDENT

the

the

(Title of person signing)