P19000009938

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O SIMMOTE:

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: OZZY ALL CONS	TRUCTION CORP	
DOCUMENT NUMB	ER: P19000009538		
	f Amendment and fee are sul	omitted for filing.	
Please return all corres	nondence concerning this made	tter to the following:	
	MARIA SIGLER		
		Name of Contact Person	
-		Firm/ Company	
	19506 NW 79TH PLACE		
•	HIALEAH, FL 33015	Address	
		City/ State and Zip Code	2
	OZZYALI.CONSTRUCTIO	N@GMAIL.COM	
	E-mail address: (to be us	ed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
MARIA SIGLER		786 at (208-7580
Name o	f 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:
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divi P.O.	ing Address Indiment Section Ission of Corporations Box 6327 hassee, FL 32314	Amend Divisio The Co 2415 P	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 ussee, FL 32303

Articles of Amendment to Articles of Incorporation of

OZZY ALL CONSTRUCTION CORP

(Non- of Community	as currently filed with the Florida Dept. of State)
P19000009538	as currently fried with the Florida Dept. of State
	nt Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida S its Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corp	poration:
name must be distinguishable and contain the word "corp" Inc.," or Co.," or the designation "Corp," "Inc.," o "chartered," "professional association," or the abbrevia	The new poration," "company," or "incorporated" or the abbreviation "Corp.," or "Co". A professional corporation name must contain the word ation "P.A."
B. Enter new principal office address, if applicable:	
(Principal office address MUST BE A STREET ADDR	RESS)
	020 MAR 24
C. Enter new mailing address, if applicable:	
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	· · · · · · · · · · · · · · · · · · ·
	<u></u>
D. If amending the registered agent and/or registered	d office address in Florida, enter the name of the
new registered agent and/or the new registered of	ffice address:
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Regis I hereby accept the appointment as registered agent. It	stered Agent: am familiar with and accept the obligations of the position.
Signati	ure of New Registered Agent, if changing
Check if applicable	

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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)

Example:

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.

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	٧	OSVANY FERREIRO	19506 NW 79 PLACE
X Add			HIALEAH, FL 33015
Remove	T	COSME ANDREW SIGLER	19506 NW 79 PLACE
2) Change Add			HIALEAH, FL 33015
Remove 3) Change			2020 HAR 21,
Add			AR 24
Remove 4) Change			
Add			2.1: 05
Remove			
5) Change Add			
Remove			
6) Change			
Add			
Remove			

amending or adding additional Articles, enter change(s) here: tach additional sheets, if necessary). (Be specific)		
		
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an amendment provides for an exchange, reclassification, or cancellation of issued shares, rovisions for implementing the amendment if not contained in the amendment itself:		
(if not applicable, indicate N/A)		
NIA		
NIA		
	 	
		

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	02/28/2020	
The date of each amendment(s) ac	loption:	_, if other than the
date this document was signed.	-	
_	8/2020	
Effective date if applicable:		 -
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this b document's effective date on the De	lock does not meet the applicable statutory filing requirements, this date will partment of State's records.	not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ado action was not required.	opted by the incorporators, or board of directors without shareholder action and	shareholder
☐ The amendment(s) was/were ado by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) ifficient for approval.	
	proved by the shareholders through voting groups. The following statement 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		2020 Har
,	(voting group)	HAR
02/28/2020 Dated		21 PA
Signature	irector, president or other officer – if directors or officers have not been	- 22 - E
selected	d, by an incorporator – if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)	0
	MARIA SIGLER	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	