P19000031460

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



600351877436

09/15/20--01006--018 **35.00

CTOTP/ED

2020 SEP IL NK 9: 30 SECRETARY OF STATI

10/23/20



COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	DRATION: JORQUIZ CONST	RUCCION ENTERPRISE	S INC		
	1BER: P19000031460				
	es of Amendment and fee are su	bmitted for filing.			
Please return all corr	respondence concerning this ma	atter to the following:			
	JORGE A QUIROZ				
		Name of Contact Person	<u> </u>		
	JORQUIZ CONSTRUCCION ENTERPRISES INC				
		Firm/ Company			
	5113 CHIPOTLE				
	Address				
	Wesley Chapel, FL 33544				
	City/ State and Zip Code				
	JORQUIZ@HOTMAIL.COM				
	E-mail address: (to be us	sed for future annual report	notification)		
For further informat	ion concerning this matter, plea	se call:			
JORGE A QUIROZ		at (7737348		
Name of Contact Person		at (305) 7737348 Area Code & Daytime Telephone Number			
Enclosed is a check	for the following amount made	payable to the Florida Dep	artment of State:		
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

FILED

2020 SEP 14 AM 9: 30

 	(Name of Corpora	tion as currently	filed with the Florida	Dept. of State (A.P.)	COF STATE
P19000031460	<u>,</u>			TALLAHA	SSEE, FL
	(Doct	ament Number of	Corporation (if known)	<u> </u>	
Oursuant to the provisions ts Articles of Incorporation	of section 607,4006, Flori on:	da Statutes, this F	Iorida Profit Corporati	ion adopts the follow	ing amendment(s)
A. If amending name, er	nter the new name of the	corporation:			
"Inc.," or Co.," or the i	ble and contain the word ' designation "Corp," "In al association," or the abb	c," or "Co". A	ompany," or "incorpore professional corporati	nted" or the abbrevia ion name must conta	The ncw tion "Corp.," ain the word
	office address, if applicab MUST <u>BE A STREET AI</u>				
C. Enter new mailing ac (Mailing address <u>MA</u>	ddress, if applicable: Y BE A POST OFFICE B	<u>:0X</u>)			
	stered agent and/or regist and/or the new registere		ess in Florida, enter th	e name of the	
Name of New Res	gistered Agent				_
		(Florida stre	et address)		
New Registered C	Office Address:		City)	Florida	o Code)
New Registered Agent's hereby accept the appoin	Signature, if changing R ntment as registered agent.	egistered Agent: I am familiar w	ith and accept the oblig	rations of the position	
	Sig	nature of New Re	gistered Agent, if chang	ging	_

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)

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 Doc 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 Doc, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: XChange	<u>PT</u>	John Dog	
X Remove	<u>v</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	VP	ANTHONY A QUIROZ	8301 SOLANO BAY LOOP
X Add			APT 1724
Remove			TAMPA FL 33635
2) Change		_	
Add			
Remove 3) Change			
Add		-	
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. 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)	
	

	09/09/2020	
The date of each amendment(s) ad	option:	, if other than the
date this document was signed.		
	/2020	
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bl- document's effective date on the Dep	bek does not meet the applicable statutory filing requirements, this datastructure of State's records.	ite will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adoption was not required.	nted by the incorporators, or board of directors without shareholder action	on and shareholder
☐ The amendment(s) was/were adop by the shareholders was/were suf	oted by the shareholders. The number of votes cast for the amendment(ficient for approval.	s)
	oved by the shareholders through voting groups. The following statemerach voting group entitled to vote separately on the amendment(s):	ent
"The number of votes east f	or the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
09/09/2020 Dated		
selegled	ector, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other cour d fiduciary by that fiduciary)	1
1	ORGE A QUIROZ	
-	(Typed or printed name of person signing)	
1	PRESIDENT	
-	(Title of person signing)	