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(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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2019 AUG -1 PO S: \$46
SECRETARY OF STATE
ALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: Project uber coustivation cor
DOCUMENT NUMBER: P 1900000 42-61-Z & C
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Kely campos BORGES
Name of Contact Person
Firm/ Company
12928 50932 200 De 17 11302
Address OR O
Protectuber construction coep @ 6m211 com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Contact Person at (407) 968 5419 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee S43.75 Filing Fee & S43.75 Filing Fee & S52.50 Filing Fee Certificate of Status (Additional copy is enclosed) (Additional Copy (Additional Copy

Mailing Address

P.O. Box 6327

Amendment Section

Division of Corporations

is enclosed)

Street Address

Clifton Building

Amendment Section Division of Corporations

Articles of Amendment Articles of Incorporation

	of						
	Project Week construction pages						
	(Name of Corporation as currently filed with the Florida Dept. of State)						
_	P19000042612 0018 AUG -1 50 51 8 16						
	(Document Number of Corporation (if known)						
Pu its	rsuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Carporations of section 607.1006, Florida Statutes, this Florida Profit Carporations the foliation amendment(s) to Articles of Incorporation:						
A.	If amending name, enter the new name of the corporation:						
_	The new						
"C	me must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation Forp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the ord "chartered," "professional association," or the abbreviation "P.A."						
	Enter new principal office address, if applicable: rincipal office address MUST BE A STREET ADDRESS 2928 50602 200 DZ						
	Or13070, F1, 35851						
C.	Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 12928 5060 2000 DE						
	17Pt 11302						
	oriando, fr. 32821						
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 Helly Campos BORES						
	12928 SUGZE ZUN JE APT 1302						
	(Florida street address)						
	New Registered Office Address: Of 12020, Florida 3284						
	(City) (Zip Code)						
<u>Ne</u>	w Registered Agent's Signature, if changing Registered Agent:						
t h	ereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.						

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 Doe	
X Remove	<u>V</u> <u>Mike Jones</u>	
X Add	SV Sally Smith	
Type of Action (Check One)	<u>Title</u> <u>Name</u>	<u>Addres</u> s
1) Change	D JOSE HOHOYZ	6033 Amelia St
Add		Octobro (1 31851
Remove		
2) Change	Mgr Hely compos Bor6	14356 an BAIDE
Add		Orlan 20, f1, 32824
Remove 3) Change	P Hely campus Bor	65 12928 50628 Run DR
Add	, ,	APX 11302
Remove		<u>orlango fl. 358</u>
4) Change		
Add		
Remove		
5) Change		_
Add		
Remove		
6) Change		
Add		
Ramove		

Attach additional sheets, if necessary).	(Be specific)
-	
-	
-	<u>-</u>
	
If an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
provisions for implementing the amer	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
-	
	

.

The date of each amendment(s) adoptio date this document was signed.	1: 07-30-2019, if	other than th
Effective date if applicable:	(no more than 90 days after amendment flle date)	
Note: If the date inserted in this block document's effective date on the Department	oes not meet the applicable statutory filing requirements, this date will not be not of State's records.	e listed as th
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were adopted b by the shareholders was/were sufficien	y the shareholders. The number of votes cast for the amendment(s) for approval.	
☐ The amendment(s) was/were approved must be separately provided for each v	by the shareholders through voting groups. The following statement ofting 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 b action was not required.	the board of directors without shareholder action and shareholder	
The amendment(s) was/were adopted b action was not required.	the incorporators without shareholder action and shareholder	
Dated	30-7019	
Signature	Kell	
	president or other officer – if directors or officers have not been	
selected, by a	incorporator – if in the hands of a receiver, trustee, or other court	
appointed fide	ciary by that fiduciary)	
	trely campos Borge	
	(Typed or printed name of person signing)	_
	1/200 Diesident	