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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: MARQUEZ BRO	THERS CONSTRUCTOR	S INC	
DOCUMENT NUM	DIGMAGASATAS			
The enclosed Articles	of Amendment and fee are si	abmitted for filing.		
Please return all corre	spondence concerning this ma	atter to the following:		
	DARIO ALVAREZ			
		Name of Contact Perso	n	
	ANDINO CONSULTING G	ROUP INC		
		Firm/ Company	· · · · · · · · · · · · · · · · · · ·	
8421 S ORANGE BLOSSOM TR STE 106				
		Address		
	ORLANDO, FL 32809			
	,	City/ State and Zip Cod	e	
INFC	@ANDINOCG.COM			
	E-mail address: (to be u	sed for future annual report	notification)	
For further informatio	n concerning this matter, pleas	se call:		
DARIO ALVAREZ		at (407	376-2911	
Name	of Contact Person	Area Co) 376-2911 de & Daytime Telephone Number	
Enclosed is a check fo	r the following amount made			
S35 Filing Fee	□S43.75 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)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisie Clifton	Address Iment Section on of Corporations Building executive Center Circle	

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

MAROUE	2 RROTHERS	CONSTRUCTORS	INC

P19000050105		ida Dept. of State)		
(Document Number of	Corporation (if knov	wn)		
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	Iorida Profit Corpo	pration adopts the following	owing amendmen	n(s) to
A. If amending name, enter the new name of the corporation:				
N/A			The new	
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered," "professional association," or the abbreviation "F	lo". A professiona		he abbreviation	
B. Enter new principal office address, if applicable:	N/A			
(Principal office address MUST BE A STREET ADDRESS)	N/A			
	N/A			=
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A		3 2	03
	N/A		012.3	
	N/A			
D. If amending the registered agent and/or registered office addressive registered agent and/or the new registered office address:	ess in Florida, enter	the name of the		
Name of New Registered Agent N/A				
N/A		****		
(Florida stree	et address)			
New Registered Office Address: N/A		, Florida		
	City)		(Zip Code)	

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 Doc	
X Remove	$\underline{\mathbf{V}}$	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) XX Change	PRES	ALFONSO MARQUEZ GONZALEZ	10648 ROYAL CYPRESS WAY
Add			ORLANDO, FL 32836
Remove			N/A
2) XX Change	VP	ANGEL EDUARDO MARQUEZ GO	10648 ROYAL CYPRESS WAY
Add			ORLANDO, FL 32836
Remove			N/A
3) XX Change	VP 	REGINA MARIA RIOS DE MARQI	10648 ROYAL CYPRESS WAY
Add			ORLANDO, FL 32836
Remove			N/A
4) N/A Change	N/A	N/A	N/A
N/A Add			N/A
N/A Remove			N/A
5) N/A Change	N/A	N/A	N/A
N/A Add			N/A
N/A Remove			N/A
6) N/A Change	N/A	N/A	N/A
N/A Add			N/A
Remove			N/A

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
AS PER OWNERS REQUEST THE FULL NAMES OF PRES AND VP ARE:
PRES: ALFONSO MARQUEZ GONZALEZ
VP: ANGEL EDUARDO MARQUEZ GONZALEZ
VP: REGINA MARIA RIOS DE MARQUEZ
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) N/A
N/A
N/A
N/A
N/A
N/A
N/A
N/A

The date of each amendment date this document was signed		, if other than th
Effective date if applicable:	06/12/2019	
isnective date <u>it applicable</u> .	(no more than 90 days after amendment file date)	
Note: If the date inserted in document's effective date on the	this block does not meet the applicable statutory filing requirements, this date will be Department of State's records.	not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/wer by the shareholders was/we	e adopted by the shareholders. The number of votes cast for the amendment(s) re sufficient for approval.	
☐ The amendment(s) was/wer must be separately provide	e approved by the shareholders through voting groups. The following statement d for each voting group entitled to vote separately on the amendment(s):	
	cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
action was not required. The amendment(s) was/were	e adopted by the board of directors without shareholder action and shareholder cadopted by the incorporators without shareholder action and shareholder	
action was not required. 06/20/. Dated Signature		
sel	y a director, president or other officer – if directors or officers have not been ected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)	_
	ANDINO CONSULTING GROUP INC	
	(Typed or printed name of person signing)	
	INCORPORATOR	
	(Title of person signing)	