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JUN 25 2020 S. YOUNG

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORAT	TION: WADE COM	JSTRAGTON &C	CONSULTING, TWO.
DOCUMENT NUMBER			
The enclosed Articles of z	tmendment and fee are su	bmitted for tiling.	
Please return all correspor	idence concerning this ma	itter to the following:	
_	MAHMOUD 2	Name of Contact Perso SERVICE Form/ Company Address FL 3343 City/ State and Zip Cod	n
_	A&L multi	SERVICES THE	<u> </u>
<u>;</u>	1650 NW 38	Firm/ Company	
Ŀ	BOCA RATER	Address FC 3343	34
		City/ State and Zip Cod	c
	E-mail address: (to be us	sed for future annual report	notification)
For further information co			
MAHMOW BA	ABIKIR	at (561	de & Daytime Telephone Number
Name of Co	ontact 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	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amendn		Amend Divisio The Co	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810

Articles of Amendment to Articles of Incorporation of

WADE CONSTRUCTION & COA	USULTING, FUC.		
	rently filed with the Florida Dept. of State)		
P19000053940			
(Document Nur	mber of Corporation (if known)		
Pursuant to the provisions of section 607,1006, Florida Statutes its Articles of Incorporation:	s, this Florida Profit Corporation adopts the follow	ring amendmen	it(s) to
A. If amending name, enter the new name of the corporati	ion:		
MOSI CONSTRUCTION & CONSU	UITING, FNC.	The new	
name must be distinguishable and contain the word "corporatio "Inc.," or Co.," or the designation "Corp." "Inc." or "C "chartered," "professional association," or the abbreviation	on," "company," or "incorporated" or the abbrevic 'o". A professional corporation name must con		
B. Enter new principal office address, if applicable:		~~	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)) 	120	** i
12/18	Cold St.	. =	
('		, 0	
C. Enter new mailing address, if applicable:	HAMA Mag	2	li
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	· · · · · · · · · · · · · · · · · · ·		المره
1() ()		_ _ _	
HH		·	
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ad	e address in Florida, enter the name of the		
Name of New Registered Agent / 1 A			
, –		_	
(Flor	rida street address)	_	
New Registered Office Address:	, Florida		
		p Code)	
New Registered Agent's Signature, if changing Registered A	Agunt:		
I hereby accept the appointment as registered agent. I am fam	Ngents. uiliar with and accept the obligations of the position	1.	
Signature of N	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)

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	\underline{V}	Mike Jones		
X Add	\underline{SV}	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s	
1) Change			 	
Add			·	
Remove			-	
2) Change			 	
Add				
Remove 3) Change			 	
Add				
Remove				
4) Change			 	
Add				
Remove				
3) Change		- /	 	
Add				ž. 1
Remove				
6) Change		/ 	 	
Add				
Remove				

	(Be specific)	
		
		
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n amendment provides for an exchai	ge, reclassification, or cancellation of issued share:	i.
<u>ovisions for implementing the amend</u>	ment if not contained in the amendment itself:	•
(if not applicable, indicate N/A)		
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The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable: Tune 1St	2020
(no more tha	2020 190 days after amendment file date)
Note: If the date inserted in this block does not meet the ap- document's effective date on the Department of State's records	plicable statutory filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the incorporators, action was not required.	or board of directors without shareholder action and shareholder
The amendment(s) was/were adopted by the shareholders, by the shareholders was/were sufficient for approval.	The number of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders must be separately provided for each voting group entitled	through voting groups. The following statement to vote separately on the amendment(s):
"The number of votes cast for the amendment(s) was/	were sufficient for approval
by	
(voting group)	
Daied	
Signature M M	
(By a director, president or other o	flicer – if directors or officers have not been the hands of a receiver, trustee, or other court ry)
Kecin	d name of person signing)
(Typed or printe	d name of person signing)
President	
(Title of person	signing)