# P190000 60092

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#### **COVER LETTER**

Division of Corporations MAP CONSTRUCTION, INC. 19000060092 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: \_\_\_\_\_\_Name of Contact Person ON STRUCTION Firm/ Company SON VILLE
City/State and E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 57. JOKA at ( 904 ) 352 - 3999 Son Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: 🏿 \$35 Filing Fee ☐\$43.75 Filing Fee & ■\$43.75 Filling Fee & S52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed)

## **Mailing Address**

TO: Amendment Section

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			
CIMAP (DNSTRUC	TION THO.		
(Name of Corporation as currently	filed with the Florida Dept. of State)		
19000 600	92		
	Corporation (if known)		
Pursuant to the provisions of section 607,1006, Florida Statutes, this $F$ its Articles of Incorporation:	Torida Profit Corporation adopts the following amo	endmentt	S) t
A. If amending name, enter the new name of the corporation:		<u> </u>	
	M10 Th.	<b>78</b>	, -
name must be distinguishable and contain the word "corporation," "co "Inc.," or Co.," or the designation "Corp," "Inc," or "Co", A	mpany," or "incorporated" or the abbreviation "C	温	2 . 45
"Inc.," or Co.," or the designation "Corp." "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	professional corporation name must contain the	0	. 33 . 33 
B. Enter new principal office address, if applicable:		P <u>x</u>	्र <b>१</b> -
(Principal office address <u>MUST BE A STREET ADDRESS</u> )		က်	-
		- <b>0</b>	
C. Enter new mailing address, if applicable:	6 : 1		
(Mailing address <u>MAY BE A POST OFFICE BOX</u> )	MA		
IN 16 amonding the positional and a set of the set of t			
D. If amending the registered agent and/or registered office address: new registered agent and/or the new registered office address:	ess in riorida, enter the name of the		
Name of New Registered Agent	M/8.		
Mark by M. M. M. Share Maria Mark	1)-4		
tFlorida stre	et address)		
New Registered Office Address:	, Florida (Zip Coder	—	
New Registered Agent's Signature, if changing Registered Agent: Thereby accept the appointment as registered agent. Tam familiar w.	ith and assent the abliquations of the position		
Thereby accept the approximation as registered agent. The approximation is	and the decept the transferred by the product		
Signature of New Re	gistered Agent, if changing		
Check if applicable			
The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c	2), 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: F 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: <u>X</u> 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	VP GJON GJOKA	4247 FLESBURY DRI
Add		JAUSONVILLE.
Remove		FL- 32224
2) Change		
Add		
Remove  3 ) Change		
Add		
Remove		
4) Change		
Add		
Remove		
5) Change		
Add		<u></u>
Remove		
6) Change		
Add		
Remove		

tach additional sheets, if necessary). (Be specific)	
	MIA
an amendment provides for an exchange, reclassification,	or cancellation of issued chares
royisions for implementing the amendment if not containe	ed in the amendment itself:
(if not applicable, indicate $NA$ )	
	1.10
	<u> </u>

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The date of each amendment(s) ad date this document was signed.	option:	4-2	<u>-2020</u>	)	, if other than the
Effective date <u>if applicable</u> :	4-	2 - 20 no more than 90	20 days after amendma	em file dater	
Note: If the date inserted in this blocument's effective date on the Dep			able statutory filing	requirements, this d	ate will not be listed as the
Adoption of Amendment(s)	(CHE	CK ONE)			
The amendment(s) was/were adopaction was not required.	oted by the inc	corporators, or b	oard of directors wit	hout shareholder acti	ion and shareholder
☐ The amendment(s) was/were adop by the shareholders was/were suf			number of votes cas	t for the amendment	(s)
☐ The amendment(s) was/were appropriately provided for e	•			. ,	'eni
"The number of votes cast f	or the amendi	ment(s) was/wer	e sufficient for appre	oval	
by	(voting			··	
	(voting	(group)			
Signature <u>×</u> (By a dir selected	, by an incorp	ent or other office		Ticers have not been trustee, or other cou	
-	· (Ty (Ty	eped or printed n	HTOKA anne of person signin DEUT	<u>।है।</u>	