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SECKEDARY OF STATE, ALLIANASSEE, FI COME.

Amend

DEC 13 2014

ALBRITTON

## COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: CRUZ CONSTR	UCTION OF JAX CORP		
DOCUMENT NUMBER: P19000081465			
The enclosed Articles of Amendment and fee are s	submitted for filing.		
Please return all correspondence concerning this m	natter to the following:		
ALFREDO CRUZ LECUS	ΑΥ		
<u> </u>	Name of Contact Perso	n	
CRUZ CONSTRUCTION (	OF JAX CORP		
<del></del>	Firm/ Company		
6132 SACK DR N	Campung		
	Address		
JACKSONVILLE, FL 3221	6		
	City/ State and Zip Cod	ť	
NOTARIACARVAJAL@GMAII	COM		
<u></u>	ised for future annual report	notification)	
	·		
For further information concerning this matter, plea	ase call;		
CRUZ LECUSAY, ALFREDO	at ( 813	735-1812	
Name of Contact Person	Area Code & Daytime Telephone Number		
Enclosed is a check for the following amount made	payable to the Florida Depa	irtment of State:	
■ \$35 Filing Fee	□\$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 Divisio Clifton	Address ment Section n of Corporations Building xecutive Center Circle	

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

CRUZ CONSTRUCTION OF JAX CORP

(Name of Corporation as currently	v filed with the Florida Dept. of State)
P19000081465	
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this atticles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporation "Corp." "Inc.," or Co.," or the designation "Corp," "Inc.," or "e word "chartered," "professional association," or the abbreviation ".	Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u> )	FILE INOV 18 PH
D. If amending the registered agent and/or registered office addr new registered agent and/or the new registered office address:	ess in Florida, enter the name of the
Name of New Registered Agent	
(Florida stre	vet address)
New Registered Office Address:	, Florida
•	City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w	

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	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	D	RENELYS A. CARNESOLTAS	12337 WYNNFIELD LK DR 1231
X Add			JACKSONVILLE, FL 32246
Remove			
2) Change			
Add			
Remove			
3) Change			_
Add			
Remove			
4) Change			_
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Romava			

Attach <i>additional</i> :	ding additional Art	(Be specific)	_			
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f an amendment j	provides for an exch plementing the ame	nange, reclassific	ation, or cancella	ation of issued sh	ares,	
if not applica	ible, indicate N/A)	nament ii not co	ntained in the an	nenament itseif:		
						<del></del>
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The date of each amendment(s) ac	loption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	(no more than 90 days after amendment file date)	
<b>Note:</b> If the date inserted in this bedocument's effective date on the De	lock does not meet the applicable statutory filing requirements, this dipartment of State's records.	late will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendment flicient for approval.	(8)
	roved by the shareholders through voting groups. The following staten each voting group entitled to vote separately on the amendment(s):	uent
	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were ado action was not required.	pted by the board of directors without shareholder action and sharehold	ler
The amendment(s) was/were ado action was not required.	pted by the incorporators without shareholder action and shareholder	
11/12/2019 Dated	<del></del>	
Signature /	Learney	
selected	rector, president or other officer – if directors or officers have not been l, by an incorporator – if in the hands of a receiver, trustee, or other could fiduciary by that fiduciary)	ırt
	ALFREDO CRUZ LECUSAY	
•	(Typed or printed name of person signing)	<del></del>
	PRESIDENT	
•	(Title of person signing)	