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To: Division of Corporations Fax Number : (850)617-6380 From: Account Name : SKLAR LAW Account Number : I20200000046 Phone : (786)405-4212 Fax Number : (754)219-8172

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

maria@lawsklar.com

COR AMND/RESTATE/CORRECT OR O/D RESIGN AXIS DESIGN & CONSTRUCTION CORP.

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	Axis Design & Construction Corp.
DOCUMENT NUMBER:	820400027500
The enclosed Articles of Amendme	ent and fee are submitted for filing.
Please return all correspondence co	oncerning this matter to the following:
	Maria A. Sklar
	Name of Contact Person
	Skiar Law
<u></u>	Firm/ Company
	501 E. Las Olas Blvd. Ste. 200/300
	Address
	Ft, Lauderdale, FL 33301
	City/ State and Zip Code

maria@lawsklar.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Maria A. Sklar	at (786) 405-4212
Name of Contact Person	Area Code	& Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

S35 Filing Fee

S43.75 Filing Fee & Certificate of Status S43.75 Filing Fee & Certified Copy (Additional copy is enclosed) S52.50 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 Street Address

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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to Articles of Incorporation

of

Articles of Amendment

AXIS DESIGN & CONSTRUCTION CORP.

(Name of Corporat	tion as currently filed with the Florida Dept. of State)	
	P2000032500	
(Docu	ment Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florid ts Articles of Incorporation:	la Statutes, this Florida Profit Corporation adopts the following amer	ndment(s)
. If amending name, enter the new name of the c	corporation:	
	The	new
	corporation," "company," or "incorporated" or the abbreviation "Co ," or "Co". A professional corporation name must contain the reviation "P.A."	
 Enter new principal office address, if applicable Principal office address <u>MUST BE A STREET AD</u> 		
2. <u>Enter new mailing address, if applicable:</u> (Mailing address <u>MAY BE A POST OFFICE Be</u>	<u></u>	<u> </u>
 If amending the registered agent and/or registered agent and/or the new registered 	ered office address in Florida, enter the name of the	1 120 12 1 1
		ST 2
	(Florida street address)	- -
New Registered Office Address:	; , Florida	:
	(City) (Zip Code)	1

New Registered Agent's Signature, if changing Registered Agent:

Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

Check if applicable

□ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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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: <u>X</u> Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	<u>Mike Jones</u>	
<u>X</u> Add	<u>sv</u>	Sally Smith	
<u>Type of Action</u> (Check One)	<u>Title</u>	Name	Address
1) Change	AR	Sergio Sklar	1314 E. LAS OLAS BLVD.
X Add			SUITE 1620 FORT LAUDERDALE, FL 33301
Remove			
2) Change	AR	Agustina M. Sklar	1314 E. LAS OLAS BLVD., SUITE 1620
Add			FORT LAUDERDALE, FL 33301
X Remove			
Add			·····
Remove			
4) Change	L	. <u> </u>	
Add			_
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

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. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)	H20000147532 3
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. If an amendment provides for an exchange, reclassification, or cancellation of issued provisions for implementing the amendment if not contained in the amendment itsel (if not applicable, indicate N/A)	<u>shares,</u> I <u>f:</u>

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The date of each amendment(s) adoption: date this document was signed.			 <u></u>	, if other than the
Effective date if applicable:	<u> </u>	 	 	

(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

- □ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
- The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
- □ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):

"The number of votes cast for the amendment(s) was/were sufficient for approval

by	, n
	(voting group)
	Dated5/18/2020 Signature
Signate	(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
	Agustina M. Sklaf
	(Typed or printed name of person signing)

AR

(Title of person signing)