P20000053184

(Re	questor's Name)	
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COVER LETTER .

TO: Amendment Section Division of Corporations

NAME OF CORPO	DRATION: LGOT A GUY CO	DNSTRUCTION INC	
	IBER: P20000053184		
The enclosed Article	es of Amendment and fee are su	bmitted for filing.	
Please return all corr	respondence concerning this ma	tter to the following:	
	ELIEZER SEYMORE MAR	TINEZ	
		Name of Contact Person	1
	LGOT A GUY CONSTRUC	TION INC	-
	**************************************	Firm/ Company	
	6448 RYERSON CIR APT 1	5	
	•	Address	
	WESLEY CHAPEL, FL 335	44	
		City/ State and Zip Cod	e e
	camilalopez@protaxfa.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further informat	ion concerning this matter, pleas	se call:	
ELIEZER SEYMO	RE MARTINEZ	at (813	361-8370
Name of Contact 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	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	

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation

FILED

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	O	of CUZ	102 PH 1:02
I GOT A GUY CONSTRUCTION INC		ಕ್ಷ. ಕ್ಷಮ	DESTA PLANT OF CEATE
(Name	of Corporation as curren	****	*
P20000053184			
	(Document Number	of Corporation (if know	n)
	(170cament Trainoci	or corporation (if know	11)
Pursuant to the provisions of section 607 ts Articles of Incorporation:	.1006, Florida Statutes, thi	s Florida Profit Corpora	ation adopts the following amendment(s)
A. If amending name, enter the new n	ame of the corporation:		
			The new
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered." "professional association,"	Corp." "Inc." or "Co".	A professional corpore	rated" or the abbreviation "Corp" ttion name must contain the word
3. Enter new principal office address,	if applicable:	6448 RYERSON C	TR APT 15
Principal office address MUST BE A STREET ADDRESS)		WESLEY CHAPEL, FL 33544	
Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>)		6448 FRYERSON	CIR APT 15
		WESLEY CHAPEL	., FL 33544
			·· · · · ·
). If amending the registered agent ar			he name of the
new registered agent and/or the ne	- <u>-</u>		
Name of New Registered Agent	PROTAX & FINANCE	ADVISORS INC	<u> </u>
	4238 SW 48TH CT		
	(Florida s	treet address)	
New Registered Office Address:	FORT LAUDERDALE		, Florida 33314
sen negisierea Onice Address:		(City)	, r Iorida (Zip Code)

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

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

Signature of New Registered Agent, if changing

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)

Example:

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.

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	P	HARVIN DIAZ MARTINEZ	506 NW 87TH AVE APT 109
X Add			MIAMI, FL 33172
Remove			-
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	ing additional Articles eets, if necessary). (E	Be specific)	_		
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i an amendment pro	ovides for an exchang	e, reclassification,	<u>or cancellation of i</u>	ssued shares,	
<u>provisions for impl</u>	ementing the amendm	<u>ient if not containe</u>	<u>d in the amendmer</u>	<u>it itself:</u>	
(if not applicabl	e, indicate N/A)				
				· -	

The date of each amendment(s) adoption:, if other than the date this document was signed.
Effective date if applicable:
Effective date <u>if applicable</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
(voting group)
Dated 03/12/2021 Signature Oliozer Seymort Martinez.
Signature Clie Zeo Segmon Hartinez.
(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)
ELIEZER SEYMORE MARTINEZ
(Typed or printed name of person signing)
PRESIDENT
(Title of person signing)