## P20000053194

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## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: 1 GOT A GUY CO	NSTRUCTION INC	
DOCUMENT NUMB			
	of Amendment and fee are sub	omitted for filing.	
Please return all corres	pondence concerning this mat	ter to the following:	
	ELIEZER SEYMORE MAR	ΓINEZ	
-		Name of Contact Person	
	I GOT A GUY CONSTRUC	TION INC	1
•		Firm/ Company	
	7413 CELESTE LN		
•		Address	
	TAMPA, FL 33619		
-		City/ State and Zip Code	
	camilalopez@protaxfa.com		
-	E-mail address: (to be us	ed for future annual report	notification)
For further information	concerning this matter, pleas	e call:	
ELIEZER SEYMORE	MARTINEZ	at ( 813	361-8370
Name of Contact Person			le & Daytime Telephone Number
Enclosed is a check for	the following amount made p	payable to the Florida Depa	rtment of State:
■ \$35 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)
Ame Divis P.O.	ing Address ndment Section sion of Corporations Box 6327 thassee, FL 32314	Amend Divisio The Ce 2415 N	Address ment Section n of Corporations entre of Tallahassee I. Monroe Street, Suite 810 ssee; FL 32303

## Articles of Amendment to Articles of Incorporation of

## LGOT A GUY CONSTRUCTION INC

(Name of Corporation as curr	ently filed with the F	lorida Dent of State)	
P20000053184	emy med will me z	or or state	
(Document Numb	er of Corporation (if k	nown)	
Pursuant to the provisions of section 607.1006, Florida Statutes, tits Articles of Incorporation:	this <i>Florida Profit Con</i>	poration adopts the following amendme	int(s) to
A. If amending name, enter the new name of the corporation	<u>ı:</u>		
		The new	i
name must be distinguishable and contain the word "corporation, "Inc.," or Co.," or the designation "Corp." "Inc," or "Co" "chartered," "professional association," or the abbreviation "P	'. A professional coi		
B. Enter new principal office address, if applicable:		20	
(Principal office address <u>MUST BE A STREET ADDRESS</u> )		211 AL	
			П
C. Enter new mailing address, if applicable:		255C	~~
(Mailing address MAY BE A POST OFFICE BOX)		me A	<u> </u>
		ا الله الله	3
		- 23 - 28	
			3
D. If amending the registered agent and/or registered office a new registered agent and/or the new registered office add		iter the name of the	
Name of New Registered Agent			
(Florid	la street address)	<del></del>	
		<b>5</b> 1	
New Registered Office Address:	(City)	, Florida (Zip Code)	
	4		
	1		
New Registered Agent's Signature, if changing Registered Ag			
I hereby accept the appointment as registered agent. I am famil	iar with and accept the	e obligations of the position.	
	,		
	i		
Signature of Ne	w Registered Agent, ij	changing	
, and the second			
Check if applicable  ☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (	111(e) FS		
- The differential state of the paradiant to 3, 007.0120 (	( ) ( - ),		

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>	<u>Addres</u> s
1) Change	Р	HARVIN DIAZ MARTINEZ	506 NW 87TH AVE APT 109
Add			MIAMI, FL 33172
X Remove			
2) Change	<del></del>		
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			<del></del>
Add			
Remove			
6) Change	_		· · · · · · · · · · · · · · · · · · ·
Add			
Remove			

If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N/A)	cancellation of issued shares, n the amendment itself:
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(if not applicable, indicate N/A)	1
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The date of each amendment(s) date this document was signed.	adoption:		_, if other than the
Effective date if applicable:			
	(no more the	an 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the	block does not meet the ap Department of State's record	pplicable statutory filing requirements, this date will a	not be listed as the
Adoption of Amendment(s)	(CHECK ONE)		
☐ The amendment(s) was/were a action was not required.	dopted by the incorporators.	, or board of directors without shareholder action and s	shareholder
■ The amendment(s) was/were a by the shareholders was/were		The number of votes cast for the amendment(s)	
☐ The amendment(s) was/were a must be separately provided for	pproved by the shareholders or each voting group entitled	s through voting groups. The following statement d to vote separately on the amendment(s):	
"The number of votes ca	st for the amendment(s) was	s/were sufficient for approval	
by	<del></del>	••	
	(voting group)		
Dated Signature	1//15/2-02/ Clies e/ Se	officer - if directors or officers have not been	_
selec	ted, by an incorporator – if intended in the i	h the hands of a receiver, trustee, or other court	
	ELIEZER SEYMORE M	IARTINEZ	
	(Typed or prin	ted name of person signing)	<del></del>
	PRESIDENT	i	
	(Title of person	n signing)	