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SECREBARY OF STATE ALLAHASSEE, FLORE

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## COVER LETTER

**TO:** Amendment Section Division of Corporations

. .

NAME OF CORPORATION: Emman	uel Construction Inc			
DOCUMENT NUMBER: P2000	0054711			
The enclosed Articles of Amendment and fee are s	submitted for filing.			
Please return all correspondence concerning this n	natter to the following:			
_ Aniba	Name of Contact Person			
	Name of Contact Person			
Chmanu	el Construction, Inc.  Firm/ Company			
	Firm/ Company			
(13//	NOAn F Street Address			
1 .	Address			
Lake	WMH & 33460 City/ State and Zip Code			
	City/ State and Zip Code			
E-mail address: (to be	used for future annual report notification)			
For further information concerning this matter, ple	rase call:			
Anihal Lopes Sar	ino 11,561,309-4978			
Name of Contact Person	Area Code & Daytime Telephone Number			
Enclosed is a check for the following amount mad	e payable to the Florida Department of State:			
\$35 Filing Fee	☐S43.75 Filing Fee & ☐S52.50 Filing Fee Certified Copy (Additional copy is enclosed) ☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)			
Mailing Address	Street Address			
Amendment Section Amendment Section Division of Corporations Division of Corporations				
P.O. Box 6327	The Centre of Tallahassee			
Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810				

Tallahassee, FL 32303

## Articles of Amendment to

Articles of Incorporation

of	
Emmanuel Constru	epon Inc.
(Name of Corporation as currently	filed with the Florida Dept. of State)
P200	00U S4711
(Document Number of	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	Clorida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation," "co". Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	ompany," or "incorporated" or the abbreviation "Corp.,"
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 MAY BE A POST OFFICE BOX)	25 MAR III PH 3: 09 LUAHASSEE FLORIDA
D. If amending the registered agent and/or registered office address: new registered agent and/or the new registered office address:	ess in Florida, enter the name of the
Name of New Registered Agent Aniba/ Lap	ez Santizo
1 31 1 VOY 7 h	- Stret
New Registered Office Address: Late WOTH	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w.	ith and accept the obligations of the position.
Signature of From Re-	Astered Agent, if changing
Check if applicable  ☐ The amendment(s) is/are being filed pursuant to s, 607.0120 (11) (c)	

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.

X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)  1)	Title	Anibal Lopez Santizo	Address 1131 North F Stree Lake WAG & 38460
Remove 2) Change			
Add Remove Change			
Add Remove 4) Change			
Add			
Remove 5) Change Add			
Remove			
Add			
Remove			

runge	. Registered agent	
orrept	Officer name and title	
_		
•		
	t provides for an exchange, reclassification, or cancellation of mplementing the amendment if not contained in the amendm	
(if not appli	cable, indicate N/A)	<del>CIV N.SCIII</del>
- 4		,

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)

	22/2	01-1-	
The date of each amendment(s) adoption: date this document was signed.	0310	3/2025	, if other than the
Effective date <u>if applicable</u> :			
	(no more than 90 days aj	ier amendment file date)	
Note: If the date inserted in this block does no document's effective date on the Department of		utory filing requirements, th	his date will not be listed as the
Adoption of Amendment(s) (CH	ECK ONE)		
The amendment(s) was/were adopted by the action was not required.	incorporators, or board of	directors without shareholde	er action and shareholder
☐ The amendment(s) was/were adopted by the by the shareholders was/were sufficient for a		of votes cast for the amenda	ment(s)
☐ The amendment(s) was/were approved by the must be separately provided for each voting  "The number of votes cast for the amer	group entitled to vote sepe	rrately on the amendment(s)	PRES NA
by	ing group)	·	SSE -
Dated	12025 Imbil Loves	J	RII PH 3: 09 HASSEE FLORIDA
(By a director, presi	dent or other officer - if d	irectors or officers have not	
selected, by an inco appointed fiduciary		of a receiver, trustee, or other	r court
	Anibal	Lopez Santiza person signing)	<u> </u>
(			
		deat.	
(	Title of person signing)		