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2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

TO: Amendment Section

Tallahassee, FL 32314

Division of Corp	orations		
NAME OF CORPO		TY CONSTRUCTION, CO	DRP
DOCUMENT NUMI			
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	ALAIN SANCHEZ		
	NEXGENQUALITY CONST	Name of Contact Person FRUCTION, CORP	
	1315 SE 6th ST	Firm/ Company	
	CAPE CORAL FL 33990	Address	
		City/ State and Zip Code	
	alainsg@hotmail.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further informatio	n concerning this matter, pleas	se call:	
ALAIN SANCHEZ		239 at (217 2014
Name	of Contact Person	Area Coo	de & Daytime Telephone Number
Enclosed is a check for	r the following amount made	payable to the Florida Depa	ertment of State:
■ \$35 Filing Fee	S43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amo Divi	ling Address endment Section sion of Corporations Box 6327	Amend Divisio	Address ment Section n of Corporations entre of Tallahassee

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as currently filed with the Florida Dept. of State) NEXGEN QUALITY CONSTRUCTION, CORP. P200000081594 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: N/A name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." N/A B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: N/A (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: ALAIN SANCHEZ Name of New Registered Agent 1315 SE 6th ST (Florida street address) 33990 CAPE CORAL New Registered Office Address: (Citv) (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

Check if applicable

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

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
	P	ALAIN SANCHEZ	1315 SE 6th ST
1) Change X Add			CAPE CORAL FL 33990
Remove	P	ALAIN SANCHEZ SR.	1315 SE 6th ST
2) Change Add X			CAPE CORAL FL 33990
X Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove 5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

/A	onal sheets, if necessary,	rticles, enter chang). (Be specific)	eday were.		
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provisions f	ment provides for an exfor implementing the ar pplicable, indicate N/A)	mendment if not co	cation, or cancella ontained in the an	ition of issued shar nendment itself:	<u>"es,</u>

				• • • • • • • • • • • • • • • • • • • •	

N/A

date this document was signed. N/A	doption:, if other than the
Effective date if applicable:	`
Effective date in applicative.	(no more than 90 days after amendment file date)
Note: If the date inserted in this be document's effective date on the De	block does not meet the applicable statutory filing requirements, this date will not be listed as the epartment of State's records.
Adoption of Amendment(s)	(CHECK ONE)
■ The amendment(s) was/were add action was not required.	opted by the incorporators, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/were add by the shareholders was/were so	opted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval.
☐ The amendment(s) was/were approvided for must be separately provided for	proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):
"The number of votes cast THE INCORPORATE by	
	(voting group)
10/30/2020)
Dated	
Signature	
Signature (By a d	lirector, president or other officer – if directors or officers have not been
	d, by an incorporator – if in the hands of a receiver, trustee, or other court
	ited fiduciary by that fiduciary)
	ALAIN SANCHEZ
	(Typed or printed name of person signing) PRESIDENT