## 1221000049565

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION:	ON CONSTRUCTION INC			
P21000049565 DOCUMENT NUMBER:				
The enclosed Articles of Amendment and fee are	e submitted for filing.			
Please return all correspondence concerning this	matter to the following:			
JOSE R IZAGUIRRE	JOSE R IZAGUIRRE			
KING'S FASHION CONS	Name of Contact Person KING'S FASHION CONSTRUCTION INC			
3215 6TH ST W	Firm/ Company			
LEHIGH ACRES,FL, 3397	Address LEHIGH ACRES,FL, 33971			
	City/ State and Zip Code			
INFO@MCBIZSOLUTIO				
E-mail address: (to be	used for future annual report notification)			
For further information concerning this matter, ple	ease call:			
JOSE R IZAGUIRRE	561 248-8988 at ( )			
Name of Contact Person	Area Code & Daytime Telephone Number			
Enclosed is a check for the following amount mad-	le payable to the Florida Department of State:			
\$35 Filing Fee \$Certificate of Status	Certified Copy (Additional copy is enclosed)  \$52.50 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

## Articles of Amendment to Articles of Incorporation of

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(Nап	ne of Corporation as currently	of Glad with the Till I at	2022 HAY 16	PH 1:56
1000049565	se or corporation as currently	y med with the Florida De	pt. of State)	
				-
	(Document Number of	Corporation (if known)		
rsuant to the provisions of section 60 Articles of Incorporation:	07.1006, Florida Statutes, this I	Florida Profit Corporation	adopts the following	g amendmen
If amending name, enter the new	name of the corporation:			
me must be distinguishable and conte	ain the word "corporation " "a	" " "		The new
nc.," or Co.," or the designation hartered," "professional association		professional corporation	" or the abbreviation name must contain	n "Corp.," the word
Enter new principal office addres rincipal office address MUST BE A	s, if applicable: STREET ADDRESS )			
	,			
				<del></del>
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Enter new mailing address, if app (Mailing address MAY BE A POST	plicable:			
MAT BE A FUST	TOFFICE BOX	<del></del>		<del></del>
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				<del></del>
If amending the registered agent a new registered agent and/or the ne	and/or registered office addres	ss in Florida, enter the na	me of the	
Tegistered agent and/or the ne	AYLIN MICHELLE ALVAD	FNGA		
		LANCIA.		
Name of New Registered Agent				
Name of New Registered Agent	3215 6TH ST W		11-1-1-1-1	
Name of New Registered Agent	3215 6TH ST W			
	3215 6TH ST W  (Florida street		33971	
Name of New Registered Agent  New Registered Office Address:	3215 6TH ST W  (Florida street	address)	33971 , Florida(Lip Coc	

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)

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:

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)	Title	Name	Address		
1) Change	P	JOSE R IZAGGUIRE	3215 6TH ST W		
4.11			LEHIGH ACRES,FL,33971		
Add X Remove					
2) Change	P ———	AYLIN MICHELLE ALVARENGA	3215 6TH ST W		
X Add			LEHIGH ACRES FL 33971		
Remove Change	<del></del>				
Add					
Remove					
4) Change					
Add					
Remove					
5) Change					
Add					
Remove					
6) Change					
Add					

(Attach <i>addii</i>	or adding additional sheets, if nec	essary). (Be sp	ecific)	<del></del> -		
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an amendm	ent provides for a	in exchange, rec	lassification, or	cancellation of	issued shares,	
(if not ap	ent provides for a rimplementing the plicable, indicate N	<u>ie amendment if</u> V/A)	not contained i	n the amendme	nt itself:	
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The date of each amendment(s) a date this document was signed.	doption:	, if other than the
<u>.</u>		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file	date)
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing require epartment of State's records.	ements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ad action was not required.	opted by the incorporators, or board of directors without sh	nareholder action and shareholder
☐ The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes cast for the ifficient for approval.	ne amendment(s)
☐ The amendment(s) was/were ap must be separately provided for	proved by the shareholders through voting groups. The follower each voting group entitled to vote separately on the amen	llowing statement dment(s):
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
05/06/2022		
Dated		
Signature	for I. Tamine	
	irector, president or other officer – if directors or officers h	
appoin	<ul> <li>d, by an incorporator – if in the hands of a receiver, trustee led fiduciary by that fiduciary)</li> </ul>	e, or other court
	JOSE R IZAGUIRRE	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	