P21000051964

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	= #)
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A. RAMSEY FEB 0 1 2022

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF COR	PORATION: BUILDERS 305 C	ORP	
	UMBER: P21000051964		
	icles of Amendment and fee are su	bmitted for filing.	
Please return all c	orrespondence concerning this ma	tter to the following:	
	CARMELO BATISTA		
	BUILDERS 305 CORP	Name of Contact Person	1
	1120 SW 31ST AVE	Firm/ Company	
	MIAMI, FL 33135	Address	· · · · · · · · · · · · · · · · · · ·
		City/ State and Zip Code	e
	tax.center.eeuu@gmail.com E-mail address: (to be us	sed for future annual report	notification)
For further inform	nation concerning this matter, pleas	se call:	
CARMELO BAT	TSTA	at (305	684-6668
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a che-	ck for the following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fo	ee □\$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	Amend Divisio The Co 2415 N	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303

Articles of Amendment to Articles of Incorporation of

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BUILDERS 305 CORP

(Name of Corporation as currently filed with the Florida Dept. of State P21000051964 (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: 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: Name of New Registered Agent (Florida street address) New Registered Office Address: (Zip Code) (City) 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. N/A

Signature of New Registered Agent, if changing

Check if applicable

LI 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> <u>J</u>	John Doe	
X Remove	<u>V</u> <u>!</u>	Mike Jones	
X Add	<u>sv</u> _ <u>s</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) X Change	<u>V</u>	ALAIN PEDROSO	9395 JAMAICA DR
Add			CUTLER BAY, FL 33189
Remove			
2) Change	N/A	N/A	N/A
Add			
Remove 3) Change	N/A	N/A	N/A
Add			
Remove			
4) Change	N/A	N/A	N/A
Add			
Remove			
5) Change	N/A	N/A	N/A
Add			
Remove			
6) Change	N/A	N/A	N/A
Add			
Remove			

	inional sheets, if r	liti <mark>onal Articles, (</mark> necessary). (Be	specific)	<u>,</u> .			
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If an amen	idment provides	for an exchange.	, reclassificatio	on, or cancellati	ion of issued sha	ires,	
<u>provision:</u>	s for implementi	ing the amendme	ent if not conta	ined in the amo	endment itself:		
	t applicable, indic	zate 187.4.)					
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	The date of each amendment(s) adopt date this document was signed.	N/A, if other than the
	L1/25/20	021
	Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
	Note: If the date inserted in this block document's effective date on the Depart	does not meet the applicable statutory filing requirements, this date will not be listed as the ment of State's records.
	Adoption of Amendment(s)	(CHECK ONE)
	☐ The amendment(s) was/were adopted action was not required.	I by the incorporators, or board of directors without shareholder action and shareholder
	The amendment(s) was/were adopted by the shareholders was/were suffic	d by the shareholders. The number of votes east for the amendment(s) ient for approval.
		ed by the shareholders through voting groups. The following statement h voting group entitled to vote separately on the amendment(s):
	"The number of votes east for	the amendment(s) was/were sufficient for approval
	by 100%	
		(voting group)
	DatedSignature	
	selected, by	or, president or other officer – if directors or officers have not been y an incorporator – if in the hands of a receiver, trustee, or other court iduciary by that fiduciary)
	CA	RMELO BATISTA
		(Typed or printed name of person signing)
	PR	ESIDENT
		(Title of person signing)