

P21000076407

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Document Number)

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FILED  
2022 MAY 17 PM 3:58  
SECRETARY OF STATE  
TALLAHASSEE, FL

A. BUTLER

JUL 22 2022

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: MBI Construccin, INC

DOCUMENT NUMBER: P21000076407

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Barbaro Matos  
Name of Contact Person  
MBI Construccin INC  
Firm/ Company  
5301 NW 189 St  
Address  
Miami, FL 33055  
City/ State and Zip Code  
barbaromatos41@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Barbaro Matos at ( 646 ) 7267067  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- |   |  |   |  |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy<br>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

FILED

MBI Construccon, INC

(Name of Corporation as currently filed with the Florida Dept. of State)

P21000076407

(Document Number of Corporation (if known))

2022 JAN 17 PM 3:58

SECRETARY OF STATE  
TALLAHASSEE, FL

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:**

*The new 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."*

**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)

**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: \_\_\_\_\_, Florida \_\_\_\_\_  
(City) (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)*

*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                      PT      John Doe

X Remove                    V       Mike Jones

X Add                        SV      Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change	<u>Carpentr</u>	<u>Matos, Barbaro, SR.</u>	<u>5301 NW 189 St Miami FL,33055</u>
<input type="checkbox"/> Add			
<input checked="" type="checkbox"/> Remove			
2) <input type="checkbox"/> Change	<u>P</u>	<u>Matos, Barbaro, SR.</u>	<u>5301 NW 189 St Miami FL,33055</u>
<input checked="" type="checkbox"/> Add			
<input type="checkbox"/> Remove			
3) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

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*(Attach additional sheets, if necessary)*

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<u>      </u> Add			
<u>      </u> Remove			
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<u>      </u> Remove			
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<u>      </u> Add			
<u>      </u> Remove			
6) <u>      </u> Change			
<u>      </u> Add			
<u>      </u> Remove			

The date of each amendment(s) adoption: \_\_\_\_\_, if other than the date this document was signed.

April 5th, 2022

Effective date if applicable: \_\_\_\_\_  
(no more than 90 days after amendment file date)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**Adoption of Amendment(s) (CHECK ONE)**

☒ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.

☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):

"The number of votes cast for the amendment(s) was/were sufficient for approval

by \_\_\_\_\_"  
(voting group)

Dated \_\_\_\_\_

Signature \_\_\_\_\_

(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Barbaro Matos

\_\_\_\_\_  
(Typed or printed name of person signing)

Incorporator

\_\_\_\_\_  
(Title of person signing)

### SPECIAL NOTICES TO APPLICANT(S)

#### SINKHOLE LOSS COVERAGE

Your policy contains coverage for a Catastrophic Ground Cover Collapse that results in the property being condemned and uninhabitable. Your policy **does not provide coverage for sinkhole losses**. You may purchase coverage for sinkhole losses for an additional premium. Your signature on this application creates a presumption that you made an informed election or rejection to purchase Sinkhole Loss Coverage and indicates you understand if you **do not select Sinkhole Loss Coverage** the policy on your home **will not pay** for sinkhole loss and damage from sinkhole activity. You will pay all costs of sinkhole loss damage. Your insurance will not.

Eligibility for Sinkhole Loss Coverage is not guaranteed. Any future request to add Sinkhole Loss Coverage will be subject to review under Citizens' underwriting guidelines in effect at the time.

#### Additional Requirements:

- **If you select Sinkhole Loss Coverage and:**
  - You answer "Yes" to any of the following 3 sinkhole activity questions in the ELIGIBILITY QUESTIONS-GENERAL section of this Application; your **application is not bound**.
    - Are there any signs of sinkhole activity on the property such as shifting, or bulging of a foundation, wall, or roof?
    - Does any person who will be an insured under this policy have knowledge of any sinkhole investigation, ground study, structural evaluation, and/or sinkhole inspection performed due to a sinkhole claim or for any reason other than an inspection to request sinkhole insurance for the property?
    - Does any person who will be an insured under this policy have knowledge that repairs have been made to the dwelling and/or property relating to sinkhole activity?
  - You answer "Yes" to the question "Does the dwelling show signs of settlement or cracking of the walls, floor or foundations?" in the ELIGIBILITY QUESTIONS-GENERAL section of this Application; or the house or property to be insured is located in Alachua, Citrus, Hamilton, Hernando, Hillsborough, Lake, Manatee, Marion, Pasco, Pinellas, Polk, Seminole, Sumter, Suwannee, Wakulla or Washington county; your application **does not include Sinkhole Loss Coverage**.

Your request for Sinkhole Loss Coverage must be made by completing a **separate Sinkhole Loss Coverage New Business Request** form CIT SLC-NB and submitting the request **unbound** to Citizens **prior to the effective date of the policy**.

- **If you do not select Sinkhole Loss Coverage** and you answer "Yes" to any of the three sinkhole activity questions (bulleted above) found in the ELIGIBILITY QUESTIONS-GENERAL section of this Application, your **application is not bound**. You must complete a **New Business Sinkhole Inspection Requirement** form CIT SH-INSP and submit the CIT SH-INSP form to Citizens **prior to the requested effective date of the policy**.

#### Limitation on Covered Losses Caused by Accidental Discharge or Seepage of Water

Your signature on this application represents that you acknowledge and accept that payment under this policy will be limited to a maximum of \$10,000 on coverage for covered losses caused by accidental discharge or overflow of water or steam from within specified household systems, seepage or leakage of water or steam, condensation, moisture or vapor (Hereafter collectively referred to as accidental discharge of water in this statement), as described and insured in the policy which is the subject of this application. The amount we pay for necessary reasonable emergency measures taken solely to protect covered property from further damage by accidental discharge of water will be deducted from the \$10,000 limit on coverage, as described and insured in the policy. Additionally, you understand that there are limitations on certain other covered losses, which are subject to the terms and conditions your policy.

#### ANIMAL LIABILITY EXCLUSION

Your signature on this application represents that you acknowledge and accept that there is no liability coverage provided under this policy for animals.

#### ORDINANCE OR LAW COVERAGE

Ordinance or Law coverage in the amount of 25% of Coverage A will be included in your policy to pay for the increased cost you have to spend to repair or replace damaged buildings in accordance with ordinances or laws that regulate construction, repair or demolition.

This Ordinance or Law coverage may be increased to 50% of Coverage A for an additional premium. Your election of one amount of Ordinance or Law coverage (25% or 50%) constitutes the rejection of the other amount. Your signature on this application creates a presumptive conclusion that you made an informed election or rejection of Ordinance or Law coverage.

  
Applicant's Signature

4/4/2022  
Date