P22 000016437

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(Requestor's Name)			
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(Cil	ry/State/Zip/Phone #))	
PICK-UP	☐ WAIT	MAIL	
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(Bu	siness Entity Name)	
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(Do	cument Number)		
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Certified Copies	_ Certificates o	of Status	
Special Instructions to	Filing Officer:		
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J. HORNE			
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Office Use Only



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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ALCOZER CONS	TRUCTION INC	
DOCUMENT NUME	P22000016437 BER:		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	spondence concerning this ma	tter to the following:	
	EDWIN ALCOCER		
		Name of Contact Person	1
		Firm/ Company	
	5981 WOODWIND CT		
	GREENACRES, FL 33463	Address	
		City/ State and Zip Code	2
	groupenamorado@gmail.com	1	
	E-mail address: (to be us	ed for future annual report	notification)
For further information	n concerning this matter, pleas	se call:	
EDWIN ALCOCER		561 at (644-9461)
Name o	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee	□\$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)
Ame Divi P.O.	ling Address endment Section sion of Corporations Box 6327 ahassee, FL 32314	Amend Division The Co 2415 N	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assec, FL 32303

Articles of Amendment to Articles of Incorporation of

FILED

(Zip Code)

ALCOZER CONSTRUCTION INC. (Name of Corporation as currently filed with the Florida Dept. of State HAY 16 PH 12: 24 P22000016437 (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: ALCOCER CONSTRUCTION INC 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 Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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 <math>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)	Title	<u>Name</u>	Address
1) Change			
Add			
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)		
			
			
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If an amendment provides for an exch provisions for implementing the ame	ange, reclassification, or car	ncellation of issued shares.	
(if not applicable, indicate N/A)	ndment if not contained in t	he amendment itself:	
,			
. <u>.</u>	<u> </u>		

• •	O.9(10)/2022	
The date of each amendment(s) ad		if other than t
date this document was signed.		
	0/2022	
Effective date <u>if applicable</u> :		
meetive date ir appricance.	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blocument's effective date on the Dep	ock does not meet the applicable statutory filing requirements, this doartment of State's records.	ate will not be listed as t
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adoption was not required.	oted by the incorporators, or board of directors without shareholder act	ion and shareholder
☐ The amendment(s) was/were adop by the shareholders was/were suf	oted by the shareholders. The number of votes cast for the amendment ficient for approval.	(s)
	roved by the shareholders through voting groups. The following statements with continuous entitled to vote separately on the amendment(s):	nent
"The number of votes cast f	or the amendment(s) was/were sufficient for approval	
by	w	
· · · · · · · · · · · · · · · · · · ·	(voting group)	
Dated 05/	10/2022 Us alwa-	
Signature (Pu a dir	rector, president or other officer – if directors or officers have not been	
	by an incorporator – if in the hands of a receiver, trustee, or other cou	
		ILL
арроппе	ed fiduciary by that fiduciary)	
	EDWIN ALCOCER	
-	(Typed or printed name of person signing)	
	PRESIDENT	
-	(Title of person signing)	