## P22000043109

(Requestor's Name)
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PICK-UP WAIT MAIL
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## COVER LETTER

TO: Amendment Section

Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: XAIAZAY CONSTRUCTION CORP DOCUMENT NUMBER: P23000 43109
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
XAVIEW Salazar Name of Contact Person
9773 SW 37 m Ter
Miami Fl 33145  City/ State and Zip Code
Ralazar Construction Camail. Com E-mail address: (to be used for future annual report notification)
or further information concerning this matter, please call:
Xavier Salazar at 780 838 - 3   50  Name of Contact Person Area Code & Daytime Telephone Number
inclosed is a check for the following amount made payable to the Florida Department of State:
\$\frac{1}{2}\$ \$35 Filing Fee \text{\text{Certificate of Status}} \Begin{array}{c ccccccccccccccccccccccccccccccccccc
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment

to

Articles of Inco	rporation
xalazar con	thuction Corp
(Name of Corporation as currently	filed with the Florida Dept. of State)
P22000043	109
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	Torida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
XMAZAR FLADRING COR	
name must be distinguishable and contain the word "conporation." "ce	mpany," or "incorporated" or the abbreviation "Corp"
"Inc.," or Co.," or the designation "Corp," "Inc." or "Co". A "chartered," "professional association," or the abbreviation "P.A."	
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )	
	72
C. Enter new mailing address, if applicable:	
(Mailing address <u>MAY BE A POST OFFICE BOX</u> )	ASS: = F
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D. If amending the registered agent and/or registered office addre	ess in Florida, enter the name of the
new registered agent and/or the new registered office address:	
Name of New Registered Agent	
(Florida stre	t address)
New Registered Office Address:	. Florida
0	Tity) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent. I am familiar wa	th and accept the obligations of the position.
Signature of New Re-	gistered Agent, if changing
	en en mar ense
Check if applicable	

 $<sup>\</sup>Box$  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)

Commenter

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
1) Change			
Add			
Remove			
2) Change		<u> </u>	
Add			
Remove 3.1 Change			
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Remove			
4) Change			SSE TO THE PARTY OF THE PARTY O
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Remove			0: 3: 3: 3: 3: 3: 3: 3: 3: 3: 3: 3: 3: 3:
51 Change			
Add			
Remove			
6)Change			
Add			
Remove			

Attach additional shee	ts, if necessary).	(Be specific)					
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f an amendment pro- provisions for impler	nenting the ame	ndment if not	contained in	the amendm	ent itself:	54	
(if not applicable,	indicate N/A)	<u> </u>					
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The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
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 requirement document's effective date on the Department of State's records.	s, this date will not be listed as the
Adoption of Amendment(s) ( <u>CHECK ONE</u> )	
The amendment(s) was/were adopted by the incorporators, or board of directors without shareho action was not required.	older action and shareholder
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) was/were sufficient for approval.	endment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following must be separately provided for each voting group entitled to vote separately on the amendment "The number of votes cast for the amendment(s) was/were sufficient for approval by	FILE TALLAHASSEE
Signature  (By a director, president or other officer – if directors or officers have selected, by an incorporator – if in the hands of a receiver, trustee, or cappointed fiduciary by that fiduciary)	
Xavier Salazar (Typed or printed name of person signing)	
Pre Staent (Title of person signing)	