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## COVER LETTER

TO: Amendment Section Division of Corpor	•				
NAME OF CORPORA	ATION:Bela	leazar Co.	atracting Inc.		
DOCUMENT NUMBE	er: <u>P22 000</u>	058301	<u> </u>		
The enclosed Articles of	Amendment and fee are su	bmitted for filing.			
Please return all corresp	ondence concerning this ma	tter to the following:			
_	Karen	Sanchez Name of Contact Person	1		
-	KSanchez Enterprise Inc Firm/Company 14 E. Washington St. Ste 310 Address				
_	14 E. Wash	ington St.	Ste 310		
		Fl. 32 801 City/ State and Zip Code			
_	Belalcaza E-mail address: (to be us	er. Incagn sed for future annual Jeport	notification)		
For further information (	concerning this matter, plea	se call:			
Karen	Same Contact Person	at ( 407			
Enclosed is a check for t	the following amount made		·		
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Amen Divisi P.O. F	ng Address dment Section on of Corporations Box 6327 assee, FL 32314	Amend Divisio The Co	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810		

Tallahassee, FL 32303

## Articles of Amendment

to

Articles of Incorporation

1, 10

of .
Rolal Cazar Contracting Inc 2022 AUG-8 PK 12:4
(Name of Corporation as currently filed with the Florida Dept. of State)
P22000058301
(Document Number of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, this <i>Florida Profit Corporation</i> 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)  Ste B
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  Ste B  Orbando Fl. US 32806  3346 Curry Ford Rd Ste B  Orbando Fl. US 32806
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 Jose Gil L. Belalcazar
8040 Essex Point Cir Apt 4204 (Florida street address)
New Registered Office Address: Orlando .Florida 32819 (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

 $\square$  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> <u>John</u>	Dog	
X Remove	<u>V</u> <u>Mike</u>	e Jones	
X Add	<u>SV</u> <u>Sally</u>	· Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	N/A		
Add			
Remove	. / A		
2) Change	_N/A		
Add			
Remove 3) Change	N/A		
Add	- [ -		
Remove			
4) Change	N/A		
Add			
Remove	t		
5) Change	A/A		<del></del>
Add			
Remove			
6) Change	N/A		
Add	•		
Remove			

If amending or adding additional Art (Attach additional sheets, if necessary).	cles, enter change(s) here (Be specific)	2		
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If an amendment provides for an exc	hange, reclassification, or	cancellation of iss	ued shares,	
provisions for implementing the am (if not applicable, indicate N/A)	endment if not contained	in the amendment	itself:	
N/A				
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The date of each amendment(s) adoption date this document was signed.	:NA	, if other than the
Effective date if applicable:	N/A	
	(no more than 90 days after amendme	on file date)
Note: If the date inserted in this block do- document's effective date on the Departmen	es not meet the applicable statutory filing r nt of State's records.	requirements, this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were adopted by action was not required.	the incorporators, or board of directors with	nout shareholder action and shareholder
☐ The amendment(s) was/were adopted by by the shareholders was/were sufficient	the shareholders. The number of votes cast for approval.	for the amendment(s)
☐ The amendment(s) was/were approved by must be separately provided for each vol	y the shareholders through voting groups. I ting group entitled to vote separately on the	he following statement amendment(s):
"The number of votes east for the a	mendment(s) was/were sufficient for appro-	val
by <u>Jose L</u>	Gil Belalcazar	
Dated08/0	4/2027	
selected, by an i	resident of other officer – if directors or offineorporator – if in the hands of a receiver, to ary by that fiduciary)	cers have not been rustee, or other court
<del></del>	Ose L. Gil Bela (Typed or printed name of person signing	alcazar
	(Title of person signing)	