P94000031459

(Re	equestor's Name)	
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SECRETARY OF STATE
DIVISION OF CORPORATIONS

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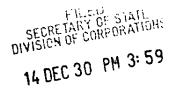
CV. 6

COVER LETTER

TO: Amendment Section Division of Corporations

	ATION: SILVA GRO ER: P9400003145		ICTION, INC.
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	ADAM G. WASC	Н	
•		Name of Contact Person	n
	WASCH LAW LL	Р	
•		Firm/ Company	
	2500 North Milita	ry Trail, Suite 46	35
•		Address	· · · · · · · · · · · · · · · · · · ·
	Boca Raton, FL 3	33431	
•	·	City/ State and Zip Cod	e
awa	asch@waschlaw.	com	
	_	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
Joseph C. Wa	asch	at (561	、693-3221
	f Contact Person		ode & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
■ \$35 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)
Ame Divis P.O.	ing Address Indment Section Ission of Corporations Box 6327 hassee, FL 32314	Ameno Divisio Cliftor 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301

Articles of Amendment Articles of Incorporation



SILVA GROUP CONSTRUCTION, INC.

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

P94000031459

ment(s) to

(Documer	it Number of Corporation (if I	(nown)	
Pursuant to the provisions of section 607, ts Articles of Incorporation:	1006, Florida Statutes, this F	lorida Profit Corporation ad	opts the following amendment
A. If amending name, enter the new na	ime of the corporation:		
			The new
name must be distinguishable and cont "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or "C	o". A professional corpora	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		8004 NW 154th S	Street, #565
		Miami Lakes, Fl	_ 33016
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		8004 NW 154th S	treet, #565
		Miami Lakes, Fl	33016
D. If amending the registered agent an	d/or registered office addre	ss in Florida, enter the nan	ne of the
new registered agent and/or the new			<u> </u>
Name of New Registered Agent	Adelino Agostinh	0	
	8004 NW 154th	Street, #565	
	(Florida stree		
New Registered Office Address:	Miami Lakes,	, Florida	33016
New Registered Agent's Signature, if c	(Cirf)	1 ///	(Zip Code)
thereby accept the appointment as regist	ered agenil. Ham familiár wi	I Test	of the position.
Sig	gnature of New Registered Ag	gent, if changing	
	,	//	

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.

X Change	<u>PT</u> <u>Jol</u>	nn Doe	
X Remove	<u>V</u> <u>Mi</u>	ke Jones	
X Add	<u>SV</u> <u>Sa</u>	lly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	D	Jeff Stephens	2010 Scott Street
Add			Hollywood, FL 33020
Remove			
2) Change	<u>P</u>	Ivana Stephens	2010 Scott Street
Add			Hollywood, FL 33020
Remove			
3) Change	S, D	Adelino Agostinho	8004 NW 154th Street, #56
✓ Add			Miami Lakes, FL 33016
Remove			
4) Change	P, D	Monica Agostinho	8004 NW 154th Street, #56
Add			Miami Lakes, FL 33016
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

f amending or adding additional Arti- Attach additional sheets, if necessary).	(Be specific)
 	
 	
	
	<u> </u>
If an amendment provides for an exch	nange, reclassification, or cancellation of issued shares, and and an analysis of its ana
(if not applicable, indicate N/A)	idinent ii not contained in the amendment usen:
	· · · · · · · · · · · · · · · · · · ·

The date of each amendment(s) adop	FILED SECRETARY OF STATE OIVISION OF CORPORATIONS	, if other than the
date this document was signed. Effective date if applicable:	14 DEC 30 PM 3: 59	
in applicable.	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were adopted by the shareholders was/were suffice	d by the shareholders. The number of votes cast 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 cast for	the amendment(s) was/were sufficient for approval	
by		
action was not required. The amendment(s) was/were adopted action was not required. Dated December Signature (By a direct selected, by appointed)	d by the board of directors without shareholder action and shareholder d by the incorporators without shareholder action and shareholder 10, 2014 top forekident of other officer – if directors of officers have not been wan incorporator – if in the hands of afreceiver, trustee, or other court fiduciary by that fiduciary) delino Agostinho	
	(Typed or printed name of person signing)	
Se	ecretary and Director	<u> </u>
	(Title of person signing)	