P94000031459

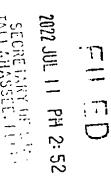
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: SILVA GROUP CO	ONSTRUCTION INC.				
DOCUMENT NUME	P0400003145Q					
The enclosed Articles	of Amendment and fee are su	bmitted for filing.				
Please return all corres	pondence concerning this ma	tter to the following:				
	ADELINO AGOSTINHO					
		Name of Contact Persor	1			
	SILVA GROUP CONSTRUCTION INC.					
		Firm/ Company				
	8004 NW 154TH ST #565					
	*****	Address				
	MIAMI LAKES FL 33016					
		City/ State and Zip Code	2			
	accounting@silvastructures.c	om				
	E-mail address: (to be us	sed for future annual report	notification)			
For further information	n concerning this matter, plea	se call:				
ror turther information	reoncerning this maner, piea.	se can.				
BECKI DELEON		305	748-3828 de & Daytime Telephone Number			
Name (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:			
■ \$35 Filing Fee	S43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)			
Amo Divi P.O.	ling Address endment Section sion of Corporations Box 6327 ahassee, FL 32314	Street Address Amendment Section Division of Corporations The Centre of Tallahassec 2415 N. Monroe Street, Suite 810				

Tallahassee, FL 32303

Articles of Amendment Articles of Incorporation of

2022 JUL 11 PM 2: 53

SILVA GROUP CONSTRUCTION INC.

(Name o	of Corporation as currentl	y filed with the Florida l	Dept. of State) JABY OF C	
P94000031459			MLL AHASSET!	·. ·
	(Document Number o	f Corporation (if known)		
Pursuant to the provisions of section 607. ts Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Corporatio	n adopts the following amer	ndment(s)
A. If amending name, enter the new n	ame of the corporation:			
NΑ			The	new
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association,"	Corp," "Inc," or "Co" 1	company," or "incorporat 1 professional corporatio	ed" or the abbreviation "Com in name must contain the s	rp.," word
3. Enter new principal office address, if applicable:				
Principal office address <u>MUST BE A S</u>				
				
C. Enter new mailing address, if appl (Mailing address MAY BE A POST		NA		·····
). If amending the registered agent ar	nd/or registered office add	ress in Florida, enter the	name of the	
new registered agent and/or the ne	w registered office address	<u>:</u>		
Name of New Registered Agent	NA			
Name of New Registered rigen				
	(Florida sta	reet address)		
	NA	eer maaresty		
New Registered Office Address:	13/3	(City)	, Florida (Zip Code)	
		(City)	(infi sint)	
New Registered <u>Agent's Signature, if c</u>	hanging Registered Agent	1		
hereby accept the appointment as regis	tered agent. I am familiar	with and accept the obliga	ttions of the position.	
	Signature of New E	egistered Agent, if change	ing	
	signature oj tvew k	едынген адет, у спапді	ng	
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.

X Change	<u>PT</u>	John De	<u>oc</u>	
X Remove	<u>y</u>	Mike Jo	ones	
X Add	<u>sv</u>	Sally Sr	<u>nith</u>	
Type of Action (Check One)	Title		Name	Address
1) Change	VP	_	ARIEL SOCARRAS	9830 NE 2ND AVE
Add				MIAMI SHORES FL 33031
X Remove				
2) Change		_		
Add				
Remove Change				
Add				
Remove				
4) Change		_		
Add				·
Remove				
5) Change				
Add				
Remove				
6) Change		_		
Add				
Remove				

A	ditional sheets, if nece	essary). (Be specific	nange(s) here:		
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			<u></u> .		
	ns for implementing	r an exchange, reclass the amendment if no 2 N/A)	sification, or cancel of contained in the s	lation of issued sha mendment itself:	res,
provision	ot applicable, indicate				
provisio: (if no	ot applicable, indicate	,			
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JULY 1, 2022 , if other than the The date of each amendment(s) adoption: _ date this document was signed. JULY 1, 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 (voting group) JULY 5, 2022 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) ADELINO AGOSTINHO (Typed or printed name of person signing) Vesident (Title of person signing)