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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: LAO CONSTRU	CTION, INC.	
DOCUMENT NUMBER: P98000082644		
The enclosed Articles of Amendment and fee are su	bmitted for filing.	
Please return all correspondence concerning this ma	tter to the following:	
LESLIE R. ANDRADE		
	Name of Contact Perso	n .
LAO CONSTRUCTION, IN	C.	
	Firm/ Company	
2810 NW 10TH AVE		
	Address	
MIAMI, FL 33127		
	City/ State and Zip Cod	e
ADMIN@LAOCONSTRUCTION	INC.COM	
E-mail address: (to be us	sed for future annual report	notification)
For further information concerning this matter, please	se call:	
LESLIE R. ANDRADE	786 at (402-9625
Name of Contact Person	Area Co	de & 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 & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Amend Divisio Clifton	Address Iment Section on of Corporations Building executive Center Circle

Tallahassee, Fl. 32301

Articles of Amendment to Articles of Incorporation of

LAO CONSTRUCTION, INC.

(Name of Corporation as currently	filed with the Florida Dept. of State)	· -	
P98000082644			
(Document Number of	Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>I</i> its Articles of Incorporation:	Florida Profit Corporation adopts the fo	llowing am	endment(s) to
A. If amending name, enter the new name of the corporation:			
		The	new
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or "Cword "chartered," "professional association," or the abbreviation "I	Co". A professional corporation name		
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)			
C. Enter new mailing address, if applicable:			. <u></u>
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)		A CW 6107	
D. If amending the registered agent and/or registered office addre	ocr in Florida, anter the name of the	· · ·	
new registered agent and/or the new registered office address:		, <u> </u>	: "
Name of New Registered Agent		· · · · · · · · · · · · · · · · · · ·	•
			•
(Florida stre	ret address)		
New Registered Office Address:	, Florida	di di l	
((City)	(Zip Code)	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w	rith and accept the obligations of the pos	ition.	
Signature of New Re	egistered Agent, 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.

Example: X Change	<u>PT</u>	John D	<u>oe</u>	
X Remove	<u>v</u>	Mike J	<u>ones</u>	
X Add	<u>sv</u>	Saliy S	<u>mith</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	Address
l) Change	S		CHRISTIAN A. ANDRADE	4283 CAPLOCK STREET
Add				CLERMONT, FL 34711
X Remove				
2) Change		_		
Add				
Remove				
3) Change		_		·
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change	·			
Add				·
Remove				

E. If amending or adding additional Artic (Attach additional sheets, if necessary).	(Be specific)	<u> </u>			
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F. If an amendment provides for an exchaprovisions for implementing the amen	ange, reciassince	ation, or cancella ntained in the am	<u>tion of issued sni</u> iendment itself:	ares,	
(if not applicable, indicate N/A)					
LESLIE R. ANDRADE 50% SHARES			· · · · · · · · · · · · · · · · · · ·		 ,
NODWAND ANDRODE FOR SUADE	 -				
NORWAN D. ANDRADE 50% SHARES					
· · · · · · · · · · · · · · · · · · ·					
		-			

09/01/2019
The date of each amendment(s) adoption:, if other the
date this document was signed.
Effective date <u>if applicable</u> :
(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 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 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
by''
(voting group)
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
11/19/2019
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)
LESLIE R. ANDRADE
(Typed or printed name of person signing)
PRESIDENT
(Title of person signing)