P99000083992

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(City	//State/Zip/Phone	e #)		
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COVER LETTER

TO: Amendment Section

Division of Corporations MVP Construction Services Inc. NAME OF CORPORATION: 99000083992 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: MVP Construction Services Inc. 2400 South DIXIE thy

Address

West Polm Beach, FL 33401

City/ State and Zip Code ONSTRUCTION SERVICES 99@ OUTOOK, COM For further information concerning this matter, please call: at (<u>305</u>) <u>434 - 2828</u> Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: □\$52.50 Filing Fee ☐\$43.75 Filing Fee & **□**\$43.75 Filing Fee & ☐ \$35 Filing Fee Certificate of Status Certified Copy Certificate of Status Certified Copy (Additional copy is (Additional Copy enclosed) is enclosed) Street Address Mailing Address Amendment Section Amendment Section **Division of Corporations Division of Corporations** Clifton Building P.O. Box 6327

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

Articles of Incorporation of

MVP Construction Services 7	n(·
(Name of Corporation as currently f	iled with the Florida Dept. of State)
199000083992	
(Document Number of C	
Pursuant to the provisions of section 607.1006, Florida Statutes, this Fl its Articles of Incorporation:	orida Profit Corporation adopts the following amendment(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 "Coword "chartered," "professional association," or the abbreviation "P.	5 . A projessional corporation name while constitution
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	West Palm Beach FL 334
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2400 South Dixie Hay West Palm Beach FL 33401
D. If amending the registered agent and/or registered office address: new registered agent and/or the new registered office address:	ess in Florida, enter the name of the
Name of New Registered Agent Paul Mursh	<u>y</u>
2400 South	5 Dixie Hwy
New Registered Office Address: West Pale	et address) 1 BluCh Florida 3340/ (Zip Code)
·	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w	with and accept the obligations of the position.
Jan Mushy	
Signature of New J.	egistered Agent, if changing
	. ~ 3

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.

Cample	,	* .	
E xample: - <u>X-</u> Change	<u>PT</u>	John Doe	
X Remove	$\underline{\mathbf{V}}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action	_Title	<u>Name</u>	<u>Addres</u> s
(Check One)	<u>VSD</u>	Anthony Prezzemolo	7555 NW 82 Ter
Add		J	Coral Springs FL
Remove			3306 1
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

C. <u>If amending</u> (Attach <i>additi</i>	or adding additional ional sheets, if necess	ary). (Be specific	nange(s) here:			
	'-' -/1					
						
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provision	idment provides for s for implementing to applicable, indicate	<u>he amendment if i</u>	essification, or can	ncellation of issued he amendment itse	<u>l shares,</u> elf:	
						

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	
	(no more than 90 days after amenament fur tane	,
Note: If the date inserted in this block document's effective date on the Departmen	es not meet the applicable statutory filing requirement of State's records.	ts, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were adopted by by the shareholders was/were sufficient	the shareholders. The number of votes east for the am for approval.	endment(s)
☐ The amendment(s) was/were approved b must be separately provided for each vo	by the shareholders through voting groups. The following group entitled to vote separately on the amendme	ng statement nt(s):
	amendment(s) was/were sufficient for approval	
hy	(voting group)	
	(voting group)	
☐ The amendment(s) was/were adopted by action was not required.	the board of directors without shareholder action and	shareholder
The amendment(s) was/were adopted by action was not required.	the incorporators without shareholder action and share	cholder
Dated 3/15/	18	
Signature Au	18 Muff president or other officer – if directors or officers have	
(By adirector.	president or other officer - if directors or officers have	e not been
	incorporator – if in the hands of a receiver, trustee, or iciary by that fiduciary)	omer court
·	(Typed or printed name of person signing)	
	O Mm d	
	(Tith of purcon signing)	
	(Title of person signing)	