534842

(D ₀	questor's Name)	
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(Cit	ty/State/Zip/Phone	#)
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NOV 0 3 2014 C. CARROTHERS

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	CASTON CONTR	RACTNG INC	
DOCUMENT NUME	(\$34842)		
	of Amendment and fee are su	bmitted for filing.	
Please return all corres	spondence concerning this ma	tter to the following:	
	KENNETH CASTON		
		Name of Contact Person	1
	CASTON CONTRACTING	INC	
		Firm/ Company	
	10600 SW 99 TERRACE		
	· ·	Address	
	MIAMI FL 33176		
	.	City/ State and Zip Cod	e
For further information	E-mail address: (to be us	sed for future annual report se call:	notification)
KENNETH CASTON	1	954	224-9357
Name o	of Contact Person		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	□\$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 Divi P.O.	ling Address indment Section sion of Corporations Box 6327 phassee, FL 32314	Ameno Divisio Clifton 2661 F	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301

Articles of Amendment to Articles of Incorporation of

CAS	I ON	CON	ITRA	CTING	SINC

(Name of Corporation as currently	v filed with the Florida Dept. of State)	
S34842		
· (Document Number of	Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendme	Z#IES HO
A. If amending name, enter the new name of the corporation: N/A	E A A A A A A A A A A A A A A A A A A A	7-Y
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc," or "word "chartered," "professional association," or the abbreviation "	Co". A professional corporation name must contain the	されいい
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	N/A	_
C. <u>Enter new mailing address, if applicable:</u> (Muiling address <u>MAY BE A POST OFFICE BOX</u>)	N/A	
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address N/A		
Name of New Registered Agent		
(D)		
(Florida str	et daaress)	
New Registered Office Address:	(City) , Florida (Zip Code)	
New Registered Agent's Signature, if changing Registered Agent: hereby accept the appointment as registered agent. I am familiar w	ith and accept the obligations of the position.	
Signature of New R	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 <math>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 Doe		
X Remove	<u>v</u>	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	Title	<u>Name</u>		Address
1) Change	VP	IVOR GRAI	NA PINTON	10600 SW 99 TERRACE
Add				MIAMI FL 33176
X Remove				
2) Change	VP	GEOVANN'	Y SOLANO	10600 SW 99 TERRACE
X Add				MIAMI FL 33176
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).	eles, enter change(s) h	<u>ere</u> :		
N/A	(DC Specific)			
				
				_
		· · · · ·		70
		·		
				
F. If an amendment provides for an exch:	ange, reclassification,	or cancellation of	issued shares,	
provisions for implementing the amer (if not applicable, indicate N/A)	idment if not containe	ed in the amendm	ent itself:	
N/A				
		· · · · · · · · · · · · · · · · · · ·		
		· · · · · · · · · · · · · · · · · · ·		

The date of each amendment(OCTOBER 29, 2015	, if other than the
date this document was signed:	ay nuoptiviii.	, 11 (1110)
_	OCTOBER 29, 2015	
Effective date if applicable:	(no more than 90 days after amendment file date)	
	his block does not meet the applicable statutory filing requirements, this of Department of State's records.	date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were by the shareholders was/we	e adopted by the shareholders. The number of votes east for the amendmen re sufficient for approval.	t(s)
	c approved by the shareholders through voting groups. The following states d for each voting group entitled to vote separately on the amendment(s):	ment
"The number of votes	east for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were action was not required.	e adopted by the board of directors without shareholder action and sharehol	lder
☐ The amendment(s) was/were action was not required.	e adopted by the incorporators without shareholder action and shareholder	
осто	DBER 29, 2015	
Dated		
Signature	y a director, president or other officer – if directors or officers have not bee	
se	y a director, president or other officer – If directors or officers have not bee lected, by an incorporator – if in the hands of a receiver, trustee, or other ed pointed fiduciary by that fiduciary)	
,	VP	
	(Typed or printed name of person signing)	
	GEOVANNY SOLANO	
	(Title of person signing)	