

P08000054950

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

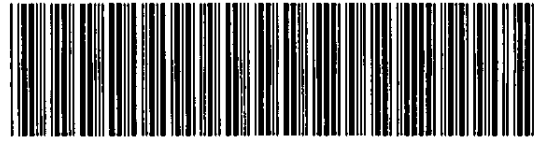
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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OCT 17 AM 10:37
SECRETARY OF STATE
MONTANA

10/20/16
Newman
PCW



GRYFFIN CONSTRUCTION CORP
 850 NW Federal HWY #183
 Stuart, Florida 34994
 Phone (772) 261-8893
 Fax (772) 261-8894
 State Certified General Contractor
 CGC-1505891

October 11, 2016

Florida Department of State
 Division of Corporation

RE: Use of name and the Transfer to Name change.

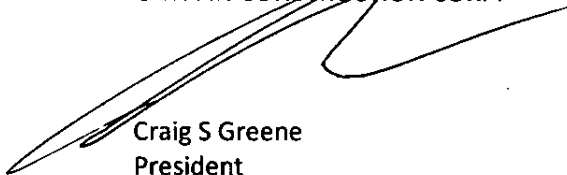
To Whom It May Concern;

We are respectfully requesting that you allow the dissolution of Corporation P1600008088, Gryffin Construction Corp.

We are then allowing the name to be transferred to a Name change of Phoenix Building Corp SE, P 08000054950.

We are releasing the Name for use.


Sincerely,
 GRYFFIN CONSTRUCTION CORP.


 Craig S Greene
 President

Subscribed and sworn before me, this 11th
 day of Oct., 2016 a Notary Public
 in and for MARTIN County,
 State of FLORIDA



PATRICIA MALSTROM
 MY COMMISSION # FF 945529
 EXPIRES: December 21, 2019
 Bonded Thru Budget Notary Services


 (Signature)
NOTARY PUBLIC
 My Commission expires Dec. 21, 2019

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Phoenix Building Corp SE

DOCUMENT NUMBER: P08000054950

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Craig S Greene
Name of Contact Person
Phoenix Building Corp SE
Firm/ Company
850 NW Federal Hwy Suite 183
Address
Stuart, Florida 34994
City/ State and Zip Code

craig@phoenixbuildingcorpse.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Craig S Greene at (772) 940-7843
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department 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)

Mailing Address
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment
to
Articles of Incorporation
of

Phoenix Building Corp SE

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

P08000054950

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

Gryffin Construction Corp

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

850 NW Federal Hwy

Suite 183

Stuart, Florida 34994

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

Same

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent

Craig S Greene

850 NW Federal Hwy #183

(Florida street address)

New Registered Office Address:

Stuart

, Florida

34994

(City)

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 PT John Doe
X Remove V Mike Jones
X Add SV Sally Smith

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>P,S</u>	<u>Craig S Greene</u>	<u>850 NW Federal Hwy</u> <u>Suite 183</u> <u>Stuart, Florida 34994</u>
2) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>VP, T</u>	<u>Janet E Greene</u>	<u>850 NW Federal Hwy</u> <u>Suite 183</u> <u>Stuart, Florida 34994</u>
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____

E. If amending or adding additional Articles, enter change(s) here:
(Attach additional sheets, if necessary). (Be specific)

We are changing the Name of the Corporation

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:
(if not applicable, indicate N/A)

Changing the number of shares to 10,000 shares

All Current shares are to be canceled and there shall be new shares issued.

The date of each amendment(s) adoption: Date of the Filing, if other than the date this document was signed.

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 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.

Dated 10/10/16
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)

Craig S Greene
(Typed or printed name of person signing)
President
(Title of person signing)