P1300057028

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C. GOLDEN AUG 11 2017

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	Arrisan Post Tension Mc
DOCUMENT NUMBER:	P130000 57028
The enclosed Articles of Amendment and	fee are submitted for filing.
Please return all correspondence concerni	•
	James M. Stafford
Antis	Name of Contact Person Fan Post Tension Mc Firm/ Company 302 Glendale Dr Address Branden, 7c 335/1 City/ State and Zip Code
	302 Glerdale Dr
	Branden, 7c 335/1
	City/ State and Zip Code
For further information concerning this m	atter, please call: atterdate at (352) 573 - 78/8 Area Code & Daytime Telephone Number
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amo	ount made payable to the Florida Department of State:
\$35 Filing Fee S43.75 Filing Certificate of	•
Mailing Address Amendment Section Division of Corporation P.O. Box 6327	Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment

FILED

	Post		In 2017 AUG - 7	PM	1: 5
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(Name of Corporation as currently filed with the Florida Dept. of State) Control by UF STATE

P13000057028

TALLAHASSEE, FLORIDA

(Docume	nt Number of Corporation	ı (if known)	
Pursuant to the provisions of section 607.1006, Florida Sits Articles of Incorporation:	Statutes, this <i>Florida Prof</i>	it Corporation adopt	s the following amendment
A. If amending name, enter the new name of the corp	poration:		
			The new
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp," word "chartered," "professional association," or the all	"Inc," or "Co". A proj	ny," or "incorporate fessional corporation	ed" or the abbreviation n name must contain the
B. Enter new principal office address, if applicable:			
(Principal office address MUST BE A STREET ADDR	RESS)		
0.5.			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX))		
(,	**	
D. If amending the registered agent and/or registered new registered agent and/or the new registered of		la, enter the name o	<u>f the</u>
new registered agent and/or the new registered or	net udditss.		
Name of New Registered Agent			
	(Florida street address)		
New Registered Office Address:		DI.	arido.
New Registered Office Address.	(City)	, FR	orida (Zip Code)
	,		, ,
New Registered Agent's Signature, if changing Registered	tered Agent:		
I hereby accept the appointment as registered agent. I d	am familiar with and acce	pt the obligations of	the position.

Signature of New Registered 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 Doe						
X Remove	<u>v</u>	Mike Jones	i	,				
X Add	<u>sv</u>	Sally Smith	1					
Type of Action (Check One)	<u>Title</u>		<u>ame</u>			<u>ddres</u> s		
1) Change	51	_ /	ATHERINA	M. JTAPA	$\mathcal{L}_{\mathcal{L}}$	302	Gler	ndale I
✓ Add					_	Brar	don,	763317
Remove								
2) Change								
Add					_			
Remove					_			
3) Change		_			_			
Add					_			
Remove					_			
4) Change	***							
Add					_			<u> </u>
Remove								
5) Change								
Add								
Remove								***
6) Change		_ _						
Add					_	<u>.</u> .		
Remove								

Attach <i>additional</i>	lding additional Art sheets, if necessary).	(Be specific)				
				•		
						Ü
·			· -		-	
provisions for in	provides for an exc plementing the amonable, indicate N/A)	hange, reclassifi endment if not c	cation, or cancel ontained in the a	lation of issued s mendment itself	<u>hares.</u> <u>:</u>	
(\$,					_
····						

The date of each amendment(s) adoption:	August	2,	2017	, if other than the
date this document was signed.		•		
Effective date <u>if applicable</u> :	AUGUST nore than 90 days after amer	2,	2017	<u></u>
(no m	ore than 90 days after amer	ndment	file date)	
Note: If the date inserted in this block does not meet document's effective date on the Department of State's		ing req	uirements, this dat	e will not be listed as the
Adoption of Amendment(s) (CHECK C	<u>ONE</u>)			
☐ The amendment(s) was/were adopted by the shareholders was/were sufficient for approval		cast for	r the amendment(s)
☐ The amendment(s) was/were approved by the shareh must be separately provided for each voting group of				ıt.
"The number of votes cast for the amendment(•	proval		
by			••	
(voting gro	up)			
The amendment(s) was/were adopted by the board o action was not required.	f directors without sharehold	der acti	on and shareholder	г
☐ The amendment(s) was/were adopted by the incorpo action was not required.	rators without shareholder a	ction a	nd shareholder	
Dated Avgust Signature + James M (By a director, president or	2, 2017			
Signature + James M.	Staford			
(By a director, president or	other officer - if directors of	or office	rs have not been	
selected, by an incorporato appointed fiduciary by that	r - ii in the hands of a received	ver, trus	stee, or other court	
appointed reducially by that	James 1	4	SMAFINE	<u>(</u>
(Typed o	or printed name of person si			
	Pne	sid	ent	
	(Title of person signing))		