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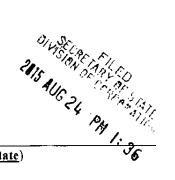
COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	ATION: OTG CONSTRUC	TION INC		
DOCUMENT NUMBI	P15000022012			
The enclosed Articles of	**************************************	bmitted for filing.		
Please return all corresp	ondence concerning this ma	tter to the following:		
. К	EVIN J. D'ESPIES			
_		Name of Contact Persor	1	
Ε	ESPIES LAW PA			
_		Firm/ Company		
1	39 TOWER STREET			
		Address		
L	AKE PLACID, FL 33852			
		City/ State and Zip Code	e	
KJD@I	DESPIESLAW.CO			
	E-mail address: (to be us	sed for future annual report	notification)	
For further information	concerning this matter, pleas	se call:		
KEVIN J. D'ESPIES		at (⁸⁶³	465-3846	
Name of Contact Person		Area Code & 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 & 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)	
Amen Divisi P.O. E	ng Address dment Section on of Corporations Box 6327 hassee, 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



OTG CONSTRUCTION INC

(Name of Corporation as currently	filed with the Florida Dept. of State)
P15000022012	
(Document Number of C	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this F_0 its Articles of Incorporation:	lorida 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 "C word "chartered," "professional association," or the abbreviation "P	" "company," or "incorporated" or the abbreviation o". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	
C. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	

D. If amending the registered agent and/or registered office addre	ss in Florida, enter the name of the
new registered agent and/or the new registered office address:	<u> </u>
Name of New Registered Agent	
	•
(Florida stree	et address)
New Registered Office Address:	, Florida
	City) (Zip Code)
Name Desirate and According Companies of shortering Desirate and According	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar was	th and accept the obligations of the position.
Signature of New Re	gistered Agent, if changing
Digitation of them the	and the state of t

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	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	PD	DARRYLE KINCHEN	1352 PONCE DE LEON STREET
X Add			LAKE PLACID, FL 33852
Remove			· · · · · · · · · · · · · · · · · · ·
2) Change	TD	ANTHONY LOPEZ	1736 BUCK STREET
X Add			LAKE PLACID, FL 33852
Remove	a -5		115 (1012) 11 11 11 11
3) X Change	SD	THOMAS ALLAIRE	115 SIRENA WAY
Add			LAKE PLACID FL 33852
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additiona	adding additional And sheets, if necessar	y). (Be specific)			
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						<u></u>
				H-1		
provisions for (if not appl	nt provides for an oimplementing the street N/A	amendment if no	sification, or can t contained in th	cellation of issue e amendment its	d shares, elf:	
						
··-						
					un .	

Effective date if applicable:	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this be document's effective date on the De	ack does not meet the applicable statutory filing requirements, this date will not be listed as the artment of State's records.
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
■ The amendment(s) was/were add by the shareholders was/were su	ted by the shareholders. The number of votes cast for the amendment(s) icient for approval.
	oved by the shareholders through voting groups. The following statement ach voting group entitled to vote separately on the amendment(s):
"The number of votes cast	or the amendment(s) was/were sufficient for approval
by	(voting group)
,	(voting group)
☐ The amendment(s) was/were add action was not required.	ted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were add action was not required.	ted by the incorporators without shareholder action and shareholder
Dated	19/2015
Signature	
selecte	ector, president of other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court d fiduciary by that fiduciary)
	THOMAS AIAN AILAIRE JR
	(Typed or printed name of person signing)
	DiRector
	(Title of person signing)