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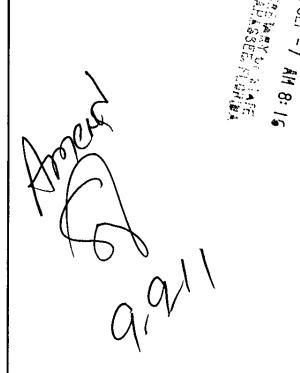
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: G. M. LUTTRELL GENERAL CONTRACTOR, INC.				
DOCUMENT NUMBER: P03000 135 99 4				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
G. M. Lew TIRELL Name of Contact Person				
G.M. LUTTRELL, GENERAL CONTRACTOR, INC. Firm/Company				
11260 53 AVENUE NORTH Address				
S. Peters Bulls FL 33768 City/ State and Zip Code Blutte 1(Otan pabay - + + Con E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Name of Contact Person at (727) 397-8304 Area Code & Daytime Telephone Number				
Enclosed is a check for the following amount made payable to the Florida Department of State:				
S35 Filing Fee Scrifficate of Status Status Status Certified Copy (Additional copy is enclosed) S52.50 Filing Fee Certified Copy (Additional Copy is enclosed)				
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301				

Articles of Amendment to **Articles of Incorporation**

	10 11 SEP 14 OF 15
G.M. LUTTRELL GENERAL CONTRACTOR, INC. (Name of Corporation as currently filed with the Florida Dept. of State) P03000135994 (Document Number of Corporation (if known)	And And
	1000 AM 8.
	AM B.
	O.
homes to the manifeless of section (OR 1000 Pt 11 Review of the Pt 12 Pt	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> amendment(s) to its Articles of Incorporation:	dopts the following
A. If amending name, enter the new name of the corporation:	
	The new
name must contain the word "chartered," "professional association," or the abbreviation "P.A." 3. Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS	_
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
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 address in Florida, enter the name onew registered agent and/or the new registered office address: Name of New Registered Agent:	<u></u> o <u>f the</u>
(Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of new registered agent and/or the new registered office address: Name of New Registered Agent:	<u></u> <u></u> o <u>f the</u>
(Mailing address MAY BE A POST OFFICE BOX) If amending the registered agent and/or registered office address in Florida, enter the name of new registered agent and/or the new registered office address:	<u></u> <u>of the</u>
(Mailing address MAY BE A POST OFFICE BOX) If amending the registered agent and/or registered office address in Florida, enter the name of new registered agent and/or the new registered office address: Name of New Registered Agent: New Registered Office Address: (Florida street address) , Florida	<u></u> <u>of the</u>
(Mailing address MAY BE A POST OFFICE BOX) If amending the registered agent and/or registered office address in Florida, enter the name of new registered agent and/or the new registered office address: Name of New Registered Agent: New Registered Office Address: (Florida street address)	of the

Hamending 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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
VΡ	DANIEL T. LUTTROLL	11260 53 AVE N ST ACT 158416 FL 33708	Add Remove
Sec.	AAVID T. LUTIRELL	215 EMERALS LANE LARGO, EL 33771	Add Remove
			Add Remove
(attach a	ding or adding additional Articles, enter additional sheets, if necessary). (Be specify A. Luttelle Will	fic)	
145	ABOVE 3 PEOPLE WIL	L EACH HAVE 10	70
	lge will Have 707		
			
<u>provisi</u>	mendment provides for an exchange, recons for implementing the amendment if not applicable, indicate N/A)	lassification, or cancellation of iss not contained in the amendment i	ued shares, tself:
	SEE ABOUL		
			
			· · · · · · · · · · · · · · · · · · ·

The date of each amendment	t(s) adoption: <u>August 15/2011</u>
, • •	(date of adoption is required)
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/we by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.
The amendment(s) was/we must be separately provide	re approved by the shareholders through voting groups. The following statement of 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)
action was not required.	re adopted by the board of directors without shareholder action and shareholder re adopted by the incorporators without shareholder action and shareholder
(By sele	9/2/2011 Seorge M. Sullice Adirector, president or other officer – if directors or officers have not been cited, by an incorporator – if in the hands of a receiver, trustee, or other court ointed fiduciary by that fiduciary)
	(Typed or printed name of person signing) PRESIDENT. (Title of person signing)