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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: BTM Construct	ion Mgmt, Inc.
DOCUMENT NUMBER: P17000016094	
The enclosed Articles of Amendment and fee are so	ubmitted for filing.
Please return all correspondence concerning this ma	atter to the following:
	Tesha Marie Rivera
	Name of Contact Person
	BTM Construction Mgmt, Inc,
	Firm/ Company
	4444 SW 98th Street
	Address
	Ocala, Florida 34476
	City/ State and Zip Code
	teshamarie430@yahoo.com
E-mail address: (to be u	sed for future annual report notification)
For further information concerning this matter, plea	se call:  352 342-7528
Name of Contact Person	at ()Area Code & Daytime Telephone Number
Name of Contact Person	Area Code & Daytine Telephone Number
Enclosed is a check for the following amount made	payable to the Florida Department of State:
\$35 Filing Fee \$\text{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

Articles of Incorporation

7 MAY -8 AM 11: 17

	BTM Construction	
(Name o	of Corporation as currently	filed with the Florida Dept. of State)
	P17000016	5094
	(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this F	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new na	me of the corporation:	
Not Applicable		The new
name must be distinguishable and con. "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or "C	" "company," or "incorporated" or the abbreviation Co". 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> )		Not Applicable
C. Enter new mailing address, if applicable:		Not Applicable
(Mailing address <u>MAY BE A POST</u>	OFFICE BOX)	
D. If amending the registered agent an	d/or registered office addre	ess in Florida, enter the name of the
new registered agent and/or the new	v registered office address:	
Nume_of New Registered Agent	Not Applicable	
	(Florida stree	et address)
New Registered Office Address:	Not Applicable	. Florida
New Registered Office Address:	(0	City) (Zip Code)
New Registered Agent's Signature, if cl		
I hereby accept the appointment as regist	ered agent. I am familiar wi	ith and accept 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 Do	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally Sr	<u>nith</u>	
Type of Action (Check One)	Title		Name	<u>Addres</u> s
1) Change	Р	_	Nathaniel Rivera	4444 SW 98th Street
X Add				Ocala, Florida 34476
Remove				
2) Change		<del></del>		
Add				
Remove				
3) Change				
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
O Chara				
6) Change		<del></del>		
Add				
Remove				

E. If amending or adding additional Arti (Attach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)
Not Applicable	
<u> </u>	
	and a state of the
provisions for implementing the amer	ange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:
(if not applicable, indicate N/A) Not Applicable	•
vot Applicable	

	March 14, 2017	•
The date of each amendment	(s) adoption:	, if other than the
date this document was signed.		
F100 (1 ) ( 10 ) 11	March 14, 2017	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file da	te)
	his block does not meet the applicable statutory filing requirement	ents, this date will not be listed as the
document's effective date on the	e Department of State's records.	
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/wer by the shareholders was/we	e adopted by the shareholders. The number of votes cast for the arre sufficient for approval.	nendment(s)
	e approved by the shareholders through voting groups. The follow d for each voting group entitled to vote separately on the amendm	
"The number of votes	cast for the amendment(s) was/were sufficient for approval	
by	"	
	(voting group)	
action was not required.  The amendment(s) was/were	e adopted by the board of directors without shareholder action and	
action was not required.		
Ma	y 4, 2017	
Dated		
Signature	Seska Marie (ivera)	
	y a director, president or other officer - if directors or officers hav	
	ected, by an incorporator - if in the hands of a receiver, trustee, or	other court
ар	pointed fiduciary by that fiduciary)	
	Tesha Marie Rivera	
	(Typed or printed name of person signing)	
	Owner	
	(Title of person signing)	