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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPO	RATION: BILTMORE CON	STRUCTION, CO., INC.			
DOCUMENT NUM					
	of Amendment and fee are su	bmitted for filing.			
Please return all corre	spondence concerning this ma	iter to the following:			
	JEFF PARKER				
	 -	Name of Contact Person	1		
	BILTMORE CONSTRUCTION, LLC				
		Firm/ Company			
	1055 PONCE DE LEON BLVD.				
	Address				
	BELLEAIR, FL 33756				
	City/ State and Zip Code				
	JPARKER@BILTMOREFL	.COM			
	E-mail address: (to be us	sed for future annual report	notification)		
For further information	on concerning this matter, pleas	se call:			
CINDY ROSE		at (⁷²⁷	585-2084 x235		
Name	of Contact Person	Area Coo	de & Daytime Telephone Number		
Enclosed is a check for	or the following amount made	payable to the Florida Depa	ertment of State:		
☐ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Address Amendment Section Division of Corporations P.O. Box 6327		Amend Divisio	Address ment Section n of Corporations entre of Tallahassee		

2415 N. Monroe Street. Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

BILTMORE CONSTRUCTION, CO., INC.

(Name of Corporation as curren	tly filed with the Florida Dept. of State)
179253	
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
N/A	The new
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co", "chartered," "professional association," or the abbreviation "P.A.	A professional corporation name must contain the word
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	N/A
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
D. If amending the registered agent and/or registered office add	dress in Florida, enter the name of the
new registered agent and/or the new registered office address	<u>ss:</u>
Name of New Registered Agent N/A	· · · · · · · · · · · · · · · · · · ·
(Florida s	ireet address)
New Registered Office Address: N/A	
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar	
	TACC

Signature of New Registered Agent, if changing

Check if applicable

The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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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: <u>X</u> 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) X Change	PD	TRAVIS PARKER	1055 PONCE DE LEON BLVD.
Add			BELLEAIR, FL 33756
Remove			
2) X Change	VTD	JEFFREY PARKER	1055 PONCE DE LEON BLVD.
Add			BELLEAIR, FL 33756
Remove 3) X Change	VSD	VITO DIRUGGIERO	1055 PONCE DE LEON BLVD.
Add			BELLEAIR, FL 33756
Remove X Change	CD	EDWARD PARKER, JR	1055 PONCE DE LEON BLVD. BELLEAIR, FL 33756
Add			
5) Change		<u> </u>	
Add			
Remove			
6) Change		-	_
Add			
Remove			2021 7021

*. 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) N/A **Contained in the amendment itself: A Contained in the amendment itself:	N/A	I sheets, if necessary).	(Be specific)				
provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A) N/A SET TO SET	N/A 						
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SECRETARY OF ALLIAHASSE	(if not appli	cable, indicate N/A)					
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						SECRETARY OF STALLIAHASSEE,	7

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
N/A Effective date if applicable:	
(no more than 90 days afte	r amendment file date)
Note: If the date inserted in this block does not meet the applicable statut document's effective date on the Department of State's records.	ory filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the incorporators, or board of di action was not required.	rectors without shareholder action and shareholder
The amendment(s) was/were adopted by the shareholders. The number of by the shareholders was/were sufficient for approval.	f votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting must be separately provided for each voting group entitled to vote separately.	
"The number of votes cast for the amendment(s) was/were sufficier	nt for approval
by N/A	
(voting group)	
September 23, 2024 Signature	
(By a director, president or other officer – if directed, by an incorporator – if in the hands of appointed fiduciary by that fiduciary)	
Travis Parker	
(Typed or printed name of pe	erson signing)
President / Director	
(Title of person signing)	

FILED

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SECRE ARY OF STATE
TALLAHASSEE, FL