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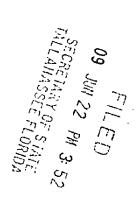
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COVER LETTER

TO: Amendment Section
Division of Corporations

Tallahassee, FL 32314

NAME OF CORPO	DRATION: W.	A. NEUMANN CONSTR	UCTION
DOCUMENT NUM	1BER:	562053	
The enclosed Article	es of Amendment and fee a	re submitted for filing.	
Please return all corr	respondence concerning thi	s matter to the following:	·
_		ENNIFER ODOM	
	N	ame of Contact Person	
	W. A. NEUM	ANN CONSTRUCTION, INC.	
		Firm/ Company	
_		PO BOX 1207	
		Address	
		ANTONIO, FL 33576 ity/ State and Zip Code	
		•	
	JOCOM @ Cn E-mail address: (to be use	nfoundationtech.com d for future annual report notification)	
For further informat	ion concerning this matter,	please call:	
	ennifer Odom		5880910
Name o	f Contact Person	Area Code & Daytime Te	elephone Number
Enclosed is a check	for the following amount n	nade payable to the Florida Depa	rtment 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)
Mailing Ad Amendment Division of P.O. Box 63	Section Corporations	Street Address Amendment Section Division of Corporations Clifton Building	

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment

Articles of Incorporation of

. A . I	01	
W.A. Neum	nanō Const	ruction, Inc.
(Name of Corporation as currently III	ed with the Florida Dept.	of State)
50	(gao53	
(Document Number of	Corporation (if known)	
Pursuant to the provisions of section 607.1006, Floridamendment(s) to its Articles of Incorporation:	da Statutes, this <i>Florida F</i>	Profit Corporation adopts the following
A. If amending name, enter the new name of the co	rporation:	
N/A - NO C	HANGE	The new
name must be distinguishable and contain the wor abbreviation "Corp.," "Inc.," or Co.," or the designo name must contain the word "chartered," "professiona	ation "Corp," "Inc," or "(any," or "incorporated" or the Co". A professional corporation
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADD		ANGE
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO) D. If amending the registered agent and/or registered new registered agent and/or the new registered of	ed office address in Floric	
Name of New Registered Agent: N/A -	NO CHANGE	
New Registered Office Address:	(Florida street address)	
N/A - I	NO CHANGE	, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Regil I hereby accept the appointment as registered agent.		pt the obligations of the position.
Signatur	e of New Registered Agent,	if changing

Page 1 of 3

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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
TS	NEUMANN, REGINA G.	PO BOX 1207 SAN ANTONIO, FL 33576	☐ Add (☐ Remove
	SEE ATTACHED SHEET	SEE ATTACHED SHEET for additional changes	
N/A - NO	dditional sheets, if necessary). (Be spe CHANGE	ecijic)	
<u>provisi</u>	mendment provides for an exchange, rons for implementing the amendment not applicable, indicate N/A)	eclassification, or cancellation of if not contained in the amendmen	issued shares, nt itself:
N/A - NO	CHANGE	,	

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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
<u>v</u>	NEUMANN, JASON W	PO BOX 1207 SAN ANTONIO, FL 33576	☐ Add ☐ Remove
DV	NEUMANN, JASON W	PO BOX 1207 SAN ANTONIO, FL 33576	☑ Add □ Remove
<u>VP</u>	ODOM, JENNIFER L	PO BOX 1207 SAN ANTONIO, FL 33576	Add (Remove)
(attach a	dditional sheets, if necessary). (Be sp CHANGE	ecific)	
	•		
<u>provisi</u> (if r	mendment provides for an exchange, in one for implementing the amendment and applicable, indicate N/A) CHANGE		
			•

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)

Title <u>Name</u> Address **Type of Action** DV ODOM, STEPHEN B PO BOX 1207_____ ☑ Add DV ODOM, JENNIFER L PO BOX 1207 ☑ Add SAN ANTONIO, FL 33576 ☐ Remove ☐ Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) N/A - NO CHANGE F. 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 - NO CHANGE

The date of each amendmen	t(s) adoption: 6/18/2009
Effective date <u>if applicable</u> :	(date of adoption is required) 6/18/2009
•	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
	ere adopted by the shareholders. The number of votes cast for the amendment(s) vere sufficient for approval.
	ere approved by the shareholders through voting groups. The following statemen led for each voting group entitled to vote separately on the amendment(s):
"The number of votes	s cast for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
action was not required.	ere adopted by the board of directors without shareholder action and shareholder ere adopted by the incorporators without shareholder action and shareholder
sel	y a director, president or other officer—if directors or officers have not been lected, by an incorporator—if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)
	WARREN A. NEUMANN
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)