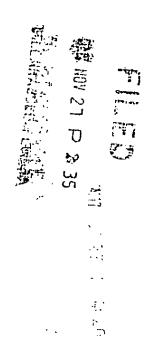
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TRIUMVIRATE ENVIRONMENTAL (FLORIDA), INC.

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TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: TRIUMVIRATE I	ENVIRONMENTAL (FLC	RIDA), INC.		
DOCUMENT NUMB					
	f Amendment and fee are su	abmitted for filing.			
Please return all corresp	condence concerning this ma	tter to the following:			
	JACKIE BILLARD				
-		Name of Contact Perso	n		
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jbillard	i@pbl.com				
-	E-mail address; (to be u	sed for future annual report	notitication)		
For further information	concerning this matter, pleas	se call:			
JACKIE BILLARD		at (<u>617</u>	973-6185 de & Daytime Telephone Number		
Name of	Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check for	the following amount made	payable to the Florida Dep	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. I	ng Address dment Section on of Corporations Box 6327 tassee, FL 32314	Ameno Divisio Clifton	Address Iment Section on of Corporations Building executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

TRIUMVIRATE ENVIRONMENTAL	(FLORIDA), INC.			
(<u>Name</u>	of Corporation as curren	tly filed with the Florida De	pt. of State)	
H38590				<u> </u>
	(Document Number	of Corporation (if known)		
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, thi	s Florida Profit Corporation	adopts the following	g amendment(s) to
A. If amending name, enter the new n TRIUMVIRATE ENVIRONMENTAL				The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp," "Inc," or	"Co". A projessional corpe	porated" or the avoration name must o	bbreviation contain the
B. Enter new principal office address, (Principal office address MUST BE A S		N/A		
C. Enter new mailing address, if appl				
(Mailing address MAY BE A POST		N/A		
D. If amending the registered agent an new registered agent and/or the new Name of New Registered Agent	nd/or registered office ad- w registered office addre N/A	dress in Florida, enter the na	ame of the	
	/El.,.; i	treet address)		
	NIA	,		
New Registered Office Address:		(City)	Florida(Zip C	'ode)
New Registered Agent's Signature, if cl thereby accept the appointment as regist	ered agent. I am familiar	t: with and accept the obligatio Registered Agent, if changing	ns of the position.	NON TI
				ILED 121 Pa

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	PT Joh	n Doe	
X Remove	<u>V</u> <u>Mik</u>	te Jones	
X Add	<u>SV</u> <u>Sall</u>	y Smith	
Type of Action (Check One)	<u>_Fitle</u>	Name	<u>Addres</u> s
1) X Change	CEOST	McQuillan, John F., Jr.	200 Inner Belt Road
Add			Somerville, MA 02143
Remove			
2) X Change	P	Youngen, Douglas	200 Inner Belt Road
Add			Somerville, MA 02143
Remove			
3.1 Change	N/A	McLean, Donna L.	3701 SW 47th Ave.
Add			#109
X Remove			Davie, FL 33314
4)Change	VP	Harry, Vaughan	200 Inner Belt Road
X Add			Somerville, MA 02143
Remove			
St Change	N/A		
Add			
Remove			
i) Change	N/A		
Add	- 		-
Remove			

If amending or adding additional Arti (Attach additional sheets, if necessary)	(Be specific)
/A	
1000	
	·
	
If an amendment provides for an exch	hange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	endment if not contained in the amendment itself:
/A	

	N/A	
The date of each amendment(s) a	toption:	, it other than the
date this document was signed.		
N/A Effective date if applicable:		
entective unite trappitentie.	(no more than 90 days after amendment file date)	
Note: If the date inserted in this I document's effective date on the De	block does not meet the applicable statutory filing requirements, this date we partment of State's records.	ill not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were add by the shareholders was/were sa	opted by the shareholders. The number of votes cast for the amendment(s) ifficient for approval.	
	proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s)	
	for the amendment(s) was/were sufficient for approval	
by N/A	(voting group)	
,	(voting group)	
action was not required.	opted by the board of directors without shareholder action and shareholder opted by the incorporators without shareholder action and shareholder	
NOVEMB Dated	ER <u>21</u> , 2017	
Signature -	Wille Ville worth	
(fry 5 d	irector president or other officer - if directors or officers have not been d, by an incorporator - if in the hands of a receiver, trustee, or other court led fiduciary by that fiduciary)	
	EMILY DUQUETTE	
	(Typed or printed name of person signing)	
	SECRETARY	
	(Title of person signing)	