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(Add	dress)	
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(City	//State/Zip/Phone	e #)
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Amend + Name Change

JUN 1 1 2014 T. CARTER

COVER LETTER

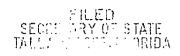
TO: Amendment Section Division of Corporations

NAME OF CORPORATION: MANDES	E LIHITE CO	NSTRUCTION INC
DOCUMENT NUMBER: LOO 94		
The enclosed Articles of Amendment and fee are su	bmitted for filing.	
Please return all correspondence concerning this mat	tter to the following:	
JOSEPH M. L	HITE Name of Contact Person	
MANDESE WI	TITE CONST	RUCTION, INC.
4011 NH 43	STREET,	SUITE B
GAINESVILL		
JUnited Mandes E-mail address: (to be us	·	
For further information concerning this matter, pleas	e call:	
Name of Contact Person	at (352 Area Co) 373 8883 de & Daytime Telephone Number
Enclosed is a check for the following amount made p		
\$35 Filing Fee	□\$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		Address ment Section
Division of Cornorations	Divieio	n of Cornorations

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



of	17 MAY 00 MM 0.50
MANDESTE LIHTTE CONSTR	UCTION, THE 14 HAY 29 AM 9: 20
(Name of Corporation as currently filed with the F	lorida Dept. of State)
L00944	
(Document Number of Corporation (i	f known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this attaches of Incorporation:	Florida Profit Corporation adopts the following amendment(s) t
A. If amending name, enter the new name of the corporation:	
TUMBLESON WHITE CONS	TRUCTION, INC. The new
name must be distinguishable and contain the word "corporation" "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "word "chartered," "professional association," or the abbreviation "	n," "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 MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
D. <u>If amending the registered agent and/or registered office addr</u>	ress in Florida, enter the name of the
new registered agent and/or the new registered office address:	
Name of New Registered Agent	
(Florida stre	eet address)
New Registered Office Address:	. Florida
(City)	(Zip Code)
Name Desirational Asserting Street and 18 should be be a set of the set of th	
New Registered Agent's Signature, if changing Registered Agent: hereby accept the appointment as registered agent. I am familiar w	
•	
Signature of New Registered A	gent, 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.

e, ana sany smun	i, SV as an Aaa.	
PT John I	<u>Doe</u>	
V Mike	<u>Jones</u>	
SV Sally	<u>Smith</u>	
Title	Name	<u>Addres</u> s
PTD	JOSEPH M. WHITE	4011 NW 43rd ST, #B
		GAINESVILLE, FL 3240
VSD	JOHN D. TUMPLESO	JUR .
	•	GANESVILLE, FL32100
		GANESVILLE, FL321006
		
	PT John I V Mike SV Sally Title PTD	V Mike Jones SV Sally Smith Title Name

Ø

smending or adding additional Arti- attach additional sheets, if necessary).	(Be specific)					
						
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an amendment provides for an exchorovisions for implementing the ame	ange, reclassifi	cation, or can	cellation of	issued share	es.	
(if not applicable, indicate N/A)	nament ii not et	<u> </u>	io amenanj	at toont		
500 SHARES TRA	NSFERE	ed A	ROM			
JOET N. MAND				TUME	LESON,	
DUD 14 . A - D	<u> </u>	<u> </u>	-	, - , , -		
						_
						

date this document was signed.	, if other than the
Effective date if applicable: 4/30/14 (no more than 90 days after amendment file date)	
(no more than 90 days after amendment file date)	
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided 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)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated MAT 22, 2014	
Signature Ds. A. White	
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
JOSEPH M. LIHTE (Typed or printed name of person signing)	
(Title of person signing)	