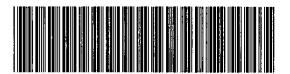
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FILED STATE SECRETARY OF STATE SECRETARY OF STATE ATTOM:

Ancil 17,2015

April 173013 Amendec 104315

COVER LETTER

Division of Corporations NAME OF CORPORATION: AWAR & **DOCUMENT NUMBER: _** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: K YASMEEN PERNIKAR Name of Contact Person Award Engineering Inc 7804 N. Florida Ave Tampa, FL, 33604 City/ State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: \$43.75 Filing Fee & □ \$35 Filing Fee □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed)

Mailing Address

TO: Amendment Section

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

EFFECTIVE DATE

Articles of Amendment to Articles of Incorporation of

AWARD Engineering, In		
(Name of Corporation as currently filed with the l	Florida Dept. of State)	
437083		
(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)
A. If amending name, enter the new name of the corporation:		
N · A		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	"Co". A professional corporation name must co	
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. <u>If amending the registered agent and/or registered office add</u>		2015 HAR 31 PM 12: 04
new registered agent and/or the new registered office address	<u>ss:</u>)RP
Name of New Registered Agent		31 PM 12: 01
(Florida st	treet address)	0
New Registered Office Address:	, Florida	
(City,	(Zip Code)	
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar		

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 Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	V	Horhannes A Mour	Adiay
Add			7804 N Florida Ava
Remove			TAMPA, FL, 33604
2) Change	V	Avedis H Serpetian	
Add			7804 N. Florida Ave
Remove			TAMPA, FL, 33604
3) Change			· · · · · · · · · · · · · · · · · · ·
Add			
Remove			
4) Change			
Add	·		
Remove			
5) Change			
Remove			
6) Change			
Add			
Pamoya			

. If amending or adding additional Arti (Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
	NA
If an amendment provides for an eych	nange, reclassification, or cancellation of issued shares,
provisions for implementing the amer	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
	/
\sim	Α
/	,

The date of each amendment(s) adoption: MARCH 25, 2015 date this document was signed.	, if other than the
Effective date if applicable: April 17, 2015 (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.	
Signature (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)	
K YASMEEN TERNIKAR (Typed or printed name of person signing)	_
President (Title of person signing)	<u> </u>