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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	PRATION: Blake Construction	Company of North Florida	Inc		
DOCUMENT NUM	P0100007058				
The enclosed Article	s of Amendment and fee are su	bmitted for filing.			
Please return all corr	espondence concerning this ma	tter to the following:			
	Stephanie Lunde				
		Name of Contact Person	1 .		
	Blake Construction Company of North Florida Inc				
		Firm/ Company			
	618 SW Florida Gateway Dri	ve			
	· · · · · · · · · · · · · · · · · · ·	Address			
	Lake City FL 32024				
		City/ State and Zip Code	2		
slun	de88@gmail.com				
		sed for future annual report	notification)		
	on concerning this matter, pleas		754 5010		
Blake Lunde		at (
Name	e of Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check t	or the following amount made	payable to the Florida Depa	ertment 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 Address 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

Articles of Amendment to Articles of Incorporation of

Blake Construction Company of North Florida Inc

(Name	of Corporation as curren	tly filed with the Florida l	Dept. of State)	••
P01000017058				
	(Document Number	of Corporation (if known)		
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, thi	s Florida Profit Corporatio	on adopts the following amendme	ent(s) t
A. If amending name, enter the new na	ame of the corporation:			
N/A			The new	v
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp," "Inc," or	"Co". A professional cor		
B. Enter new principal office address.	if annlicable:	N/A	· ~	
(Principal office address MUST BE A S				
				*** ~;
				1 - Aug.
C. Enter new mailing address, if appli	icable:	N 1/1	no P	F-14-10
(Mailing address MAY BE A POST		N/A	erion His	Passey.
			2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	
D. If amending the registered agent an new registered agent and/or the new			name of the	
	N/A	934		
Name of New Registered Agent	The second with the start of the second seco			
		street address)		
New Registered Office Address:	N/A	(a)	, Florida	
		(City)	(Zip Code)	
New Registered Agent's Signature, if c I hereby accept the appointment as regist			itions of the position.	
	Signature of New	Registered Agent, if change	ing	

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 little 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)	Title	Name	<u>Addres</u> s
1) Change	S	Hayden B Lunde	400 NW Horizon St
X Add			Lake City FL 32055
Remove			
2) Change			<u></u>
Add			
Remove			
3) Change			
Add			
Remove			
4) Change	<u> </u>		
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)						
N/A	· · · · · · · · · · · · · · · · · · ·	1 T 3 3				
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F. If an amendme provisions for (if not app	nt provides for an eximplementing the an licable, indicate N/A)	change, reclassific tendment if not co	ation, or cance ntained in the	ellation of issued amendment itse	l shares. elf:	
N/A	,					
· · · · · · · · · · · · · · · · · · ·						
		<u></u>	 			· · · · · · · · · · · · · · · · · · ·
		 		· · · · · · · · · · · · · · · · · · ·		
						
				<u></u>		

•	October 12,2015	
The date of each amendment(s) addate this document was signed.	adoption:	, if other than the
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing requirements, this date vepartment of State's records.	vill not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were ac by the shareholders was/were	lopted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval.	
	proved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s):	
"The number of votes cas	t for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were ac action was not required.	lopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were action was not required.	lopted by the incorporators without shareholder action and shareholder	
October 1 Dated Signature	2,2015 Ede Lundo	
(Bý a	director, president or other officer - if directors or officers have not been	
	ed, by an incorporator – if in the hands of a receiver, trustee, or other court need fiduciary by that fiduciary)	
	Stephanie E Lunde	
	(Typed or printed name of person signing)	
	Vice-President	
	(Title of person signing)	