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AUG 14 2017 S. YOUNG



COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

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NAME OF CORPORATION	McNeill	Labor Manager	nent Inc.
DOCUMENT NUMBER:	_	_	
The enclosed Articles of Amend	Iment and fee are su	bmitted for filing.	
Please return all correspondence	concerning this ma	tter to the following:	
	Susie	Bain Name of Contact Person	1
	McNeil	1 labor Marage Firm/Company	ernent, Inc
	140-	West Ave A	
	Beha	Glade FL City/ State and Zip Cod	33476
E-m For further information concern		Unhow.com Sed for future annual report se call:	notification)
<u>Susie Bai</u>		at (<u>57e 1</u>	996-1148
Name of Contac Enclosed is a check for the follo			de & Daytime Telephone Number
\$35 Filing Fee S4	3.75 Filing Fee & ertificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Add Amendment S Division of C P.O. Box 632	ection orporations	Amend Divisio	Address ment Section on of Corporations Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

	P01000052530			
	(Document Number of Cor	poration (if known)		
tursuant to the provisions of section 607 s Articles of Incorporation:	7.1006, Florida Statutes, this <i>Flor</i>	ida Profit Corporation adopts the f	ollowing	g amendme
. If amending name, enter the new n	name of the corporation:			
				The new
ame must be distinguishable and co Corp.," "Inc.," or Co.," or the desig ord "chartered," "professional associ	nation "Corp." "Inc." or "Co".	A professional corporation name		- breviation
Enter new principal office address principal office address <u>MUST BE A S</u>				
	_			
	_			
Enter new mailing address, if app				
(Mailing address <u>MAY BE A POST</u>	<u>OFFICE BOX</u>)			
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		n Florida, enter the name of the		17
If amending the registered agent a new registered agent and/or the ne		n Florida, enter the name of the		17 .36
	ew registered office address:	_		17 .36 -
new registered agent and/or the ne	ew registered office address:			17 .36 -7
	ew registered office address:		William Control	17 136 -7 72 9
new registered agent and/or the ne	ew registered office address: (Florida street a	ddress), Florida	77 m	17 :36 - 7 / 13 9:38

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: <u>X</u> Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
I) Change	7	Christa McNeill	116 Tanback Trail
_X Add			Wellington, Fr 33414
Remove			
2) Change			
Add			
Remove			
3) Change		_	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)				
					
-			<u> </u>		
			. .		
					
f an amendment provides for an exch provisions for implementing the ame	<u>ange, reclassifica</u>	tion, or cancellat	ion of issued sha	res.	
(if not applicable, indicate N/A)	nament ii doc con	taniça in the ann	comment reserve		
	<u> </u>		···-		
					

The date of each amendment(s) adoption:	. if other than the
Effective date if applicable:	
(no more than 90 days	after amendment file date)
Note: If the date inserted in this block does not meet the applicable st document's effective date on the Department of State's records.	atutory filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number by the shareholders was/were sufficient for approval.	er of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through vomust be separately provided for each voting group entitled to vote separately.	
"The number of votes cast for the amendment(s) was/were suffic	zient for approval
by	<u> </u>
(voling group)	
☐ The amendment(s) was/were adopted by the board of directors withou action was not required.	it shareholder action and shareholder
☐ The amendment(s) was/were adopted by the incorporators without sha action was not required.	reholder action and shareholder
Signature	
(By a director, president or other officer - if	
selected, by an incorporator – if in the hands appointed fiduciary by that fiduciary)	of a receiver, trustee, or other court
<u>James Shannor</u> (Typed or printed name o	2 MCNeill
(Typed or printed name o	f person signing)
5,VP	on signing)
(Title of perso	on signing)