## P01000120410

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: BILLER REINHART STRUCTURAL GROUP, INC.
DOCUMENT NUMBER: P01000120410
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
WENDY DASSANCE
Name of Contact Person
BILLER REINHART STRUCTURAL GROUP, INC.
Firm/ Company
3434 COLWELL AVENUE; SUITE 100
Address
TAMPA, FL 33614
City/ State and Zip Code
WDASSANCE@BILLERREINHART.COM
E-mail address: (to be used for future annual report notification)
For firsthon information concerning this matter places calls

For further information concerning this matter, please call:

WENDY DAS	SANCE	<sub>at (</sub> 813	, 908-7203	<b></b> 1		
Name of Contact Person		Area Co	ode & Daytime Telephone Nu	ımber	7	
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:		OCT	1
■ \$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)	THE STATE OF THE S	16 PK 1:01	

**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

## BILLER REINHART STRUCTURAL GROUP, INC.

(Name of Corporation as currently filed with the Flo				
P01000120410	nida Dept. of State)			
(Document Number of Corporation (if	known)			
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	lorida Profit Corporation ado	pts the following a	ımendn	nent(s) 1
A. If amending name, enter the new name of the corporation:				
<b>BILLER REINHART ENGINEERING GRO</b>	UP, INC.	T	'ho no	14)
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered," "professional association," or the abbreviation "F	o". A professional corporati	ated" or the abb	reviatio	n
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. If amending the registered agent and/or registered office address:  new registered agent and/or the new registered office address:	ss in Florida, enter the name	of the		
Name of New Registered Agent			=	
		1	9	
(Florida stree	rt address)	190°		gran re
New Registered Office Address:	, Florida		۵١	e egeny
(City)		(Zip Code)	00 :1 KG	<u>( )</u>
New Registered Agent's Signature, if changing Registered Agent:		*1	-	
1 hereby accept the appointment as registered agent. 1 am familiar wi	th and accept the obligations of	of the position.		
Signature of New Registered Ac	ient it 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 Sully Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Doo	2	
X Remove	V	Mike Jor	<u>nes</u>	
_X Add	<u>sv</u>	Sally Sm	ith	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s .
1) Change		_		
Add				<u> </u>
Remove				
2) Change				
Add				
Remove				
3) Change				
Add		_		
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change		_		
Add				
Remove				

ttach additional sheets, if necessary).	les, enter change(s) here: (Be specific)	
<del></del>		
-		
· 		
•		
		-
f an amendment provides for an exch	nge, reclassification, or cance	llation of issued shares,
		amendment itself:
provisions for implementing the amen (if not applicable, indicate N/A)	dment if not contained in the	
provisions for implementing the amen (if not applicable, indicate N/A)	dment if not contained in the	
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provisions for implementing the amen (if not applicable, indicate N/A)	dment if not contained in the	
provisions for implementing the amen (if not applicable, indicate N/A)	dment if not contained in the	

date this document was signed.				
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)			
	(no more than 90 days after amenament file date)			
Adoption of Amendment(s)	( <u>CHECK ONE</u> )			
The amendment(s) was/were adop by the shareholders was/were suff	oted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.			
	oved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):			
"The number of votes cast for	or the amendment(s) was/were sufficient for approval			
by	(voting group)			
<u></u>	(voting group)			
The amendment(s) was/were adop action was not required.	sted by the board of directors without shareholder action and shareholder			
The amendment(s) was/were adop action was not required.	sted by the incorporators without shareholder action and shareholder			
Dated O · I · Signature	18 1 Leinhart			
(By & dir	ector, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court			
	of induciary by that fiduciary)			
F	ROBERT REINHART			
_	(Typed or printed name of person signing)			
[	DIRECTOR			
-	(Title of person signing)		14 OCT 16 PM	
	,	aga Air	PM 1: 00	C