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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: ENVIRON MENTAL ENGINEERS, INC.				
DOCUMENT NUMBER: PO 2000 105645				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
JAMES D. GRIFFIN JR. (Name of Contact Person)				
Environment Engineers, FNC. (Firm/Company)				
P. O. Box 37068 (Address)				
JACKSONVILLE, F/A. 32236-7668 (City/ State and Zip Code)				
For further information concerning this matter, please call:				
Name of Contact Person) at (904) 3563963 Ex 34 (Area Code & Daytime Telephone Number)				
Enclosed is a check for the following amount made payable to the Florida Department of State:				
\$35 Filing Fee \$\$43.75 Filing Fee & \$\$52.50 Filing Fee \$\$Certificate of Status (Additional copy is enclosed) \$\$(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

Environmental ENGIA	veers INC	100
(Name of Corporation as currently filed with	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
POZ000105645		2000万万
(Document Number of Corporat		SSE GE
Pursuant to the provisions of section 607.1006, Florida Statufollowing amendment(s) to its Articles of Incorporation:	ntes, this <i>Florida Profit Corpora</i>	adons the
A. If amending name, enter the new name of the corporation	<u>n:</u>	Dim W
Environment Engineer The new name must be distinguishable and contain the "incorporated" or the abbreviation "Corp.," "Inc.," or Co. "Co". A professional corporation name must contain association," or the abbreviation "P.A."	.," or the designation "Corp,"	"Inc," or
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	1000 Edison Jacksaville, F	
		32204
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	P.O. Box 3700 Incksavville,	8
	Incksavville,	F/A,
	300	36-7068
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ade		ame of the
Name of New Registered Agent:		
New Registered Office Address: (Flore	ida street address)	
	, Floric	
	(City) (Zip	Code)
New Registered Agent's Signature, if changing Registered A I hereby accept the appointment as registered agent. I am position.	gent: familiar with and accept the ob	oligations of the
Signature of New	Registered Agent, if changing	_

				g the Officers and/or Directors, entended title, name, and address of each Chitional sheets, if necessary)	emoved an
E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) F. If an amendment provides for an exchange, reclassification, or cancellation of issued shapprovisions for implementing the amendment if not contained in the amendment itself:	of Actio	<u>Typ</u>	Address	<u>Name</u>	<u>itle</u>
E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) F. If an amendment provides for an exchange, reclassification, or cancellation of issued shapprovisions for implementing the amendment if not contained in the amendment itself:					
E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) The first amendment provides for an exchange, reclassification, or cancellation of issued shap provisions for implementing the amendment if not contained in the amendment itself:	emove				
E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) If an amendment provides for an exchange, reclassification, or cancellation of issued shap provisions for implementing the amendment if not contained in the amendment itself:			•		
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The date of each ameadment(s)	adoption: 3 ~ 1 ~ 0 9
Effective date if applicable:	o more than 90 days after amendment file date)
(n	o more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were a by the shareholders was/were:	adopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.
	approved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):
"The number of votes case	t for the amendment(s) was/were sufficient for approval
by	oting group)
(vo	oting group)
The amendment(s) was/were a action was not required.	dopted by the board of directors without shareholder action and shareholder
The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and shareholder
Dated3	-11-09 July
(By a d selected	Irector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)
<u> </u>	JAMES D. GRIFFIN TR. (Typed or printed name of person signing)
	(Typed or printed name of person signing)
	President
	(Title of person signing)