

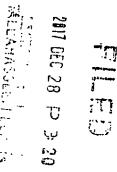
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	TO GENERAL GONTACTOR, INC.		
DOCUMENT NUMBER: P0300	20142873		
The enclosed Articles of Amendment and fe	ee are submitted for filing.		
Please return all correspondence concerning	this matter to the following:		
	Name of Contact Person		
MOSTO GENERAL CONTRACTOR, FNC.			
	• •		
20605	EAST SILVER PALM OR IVE		
	Address		
-	ESTERO, FL 33928 City/ State and Zip Code		
	City/ State and Zip Code		
E-mail address:	(to be used for future annual report notification)		
For further information concerning this matter, please call:			
JUAN ALBAN Name of Contact Person	at (239) 225 8974 Area Code & Savtime Telephone Number		
Name of Contact Person	Area Code & Savtime Telephone Number		
Enclosed is a check for the following amount made payable to the Florida Department of State:			
□ \$35 Filing Fee □\$43.75 Filing I Certificate of \$			
Mailing Address	Street Address		
Amendment Section Division of Corporations	Amendment Section		
P.O. Box 6327	Division of Corporations Clifton Building		
Tallahassee, FL 32314	omital ballang		
	Tallahassee, FL 32301		

Articles of Amendment to Articles of Incorporation of

	CONTRACTION FUC.
(Name of Corporation as curren	tly filed with the Florida Dept. of State)
P 03000	14 28 73 of Corporation (if known)
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this ts Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporation:	
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 contain the
B. Enter new principal office address, if applicable:	20425 ARRONE UN
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	ESTERO, FL 33928
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	20425 AndONE LN
	ESTERO 19 33928
	10 37 CE
 If amending the registered agent and/or registered office add new registered agent and/or the new registered office addres 	dress in Florida, enter the name of the
Name of New Registered Agent	
(Florida st	treet address)
New Registered Office Address:	. Florida
	(City) (Zip Code)
	;2 21:0 ≥ 22
ew Registered Agent's Signature, if changing Registered Agent hereby accept the appointment as registered agent. I am familiar	ti
Tum jumitur	with this accept the obligations of the position
	S. 2
	φ
Signature of New 1	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 = ChiefExecutive 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.

Mike Jones, v as Kemo	re, and surry some	, 5	
Example: X Change	<u>PT</u> <u>John D</u>	<u>Ooc</u>	
X Remove	<u>V</u> <u>Mike J</u>	<u>Jones</u>	
X Add	SV Sally S	<u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	MNGR	OHAD HADAD	6764 PLANTATION PINES BLUE.
X Add			FORT MYENS,
Remove			PL 33966
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

amending or adding addition additional sheets, if n	necessary). (Be specific	c)			
N/A_					
				<u> </u>	
				•	· <u> </u>
	<u> </u>				
					<u> </u>
If an amendment provide provisions for implemen (if not applicable, ind	ting t <u>he amendment if r</u>	issification, or can not contained in th	ncellation of issue he amendment its	ed shares, self:	
			<u> </u>		
		<u> </u>			
					 -
	 				
	<u> </u>				

The date of each amendment(s) adoption:	, if other than the
late this document was signed.	
Effective date if applicable: (no more than 90 days a)	(a and most file data)
(no more than 90 days a)	те итенитен зне ише
Note: If the date inserted in this block does not meet the applicable stated ocument's effective date on the Department of State's records.	utory 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.	of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through vot must be separately provided for each voting group entitled to vote sep	ing groups. The following statement arately on the amendment(s):
"The number of votes cast for the amendment(s) was/were suffici	
by(voting group)	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without action was not required.	shareholder action and shareholder
The amendment(s) was/were adopted by the incorporators without sha action was not required.	reholder action and shareholder
Dated1218 17	
Signature(By a director, president or other officer – if	directors or officers have not been
(By a director, president or other officer = 11 selected, by an incorporator = if in the hands	of a receiver, trustee, or other court
appointed fiduciary by that fiduciary)	
(Typed or printed name o	i person signing)
OWNER	
(Title of person	on signing)