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COVER LETTER

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: John McCary, Genal Contractor, Inc.

DOCUMENT NUMBER: P03000147345 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Name of Contact Person

John McCary, Gen Cent., Inc.

Firm/Company

9808 N. Armenia Ave.

Address

Tampa Fl. 336/2

City/State and Zip Code

City/State and Zip Code

F-mail Address: (to be used for future annual report notification) For further information concerning this matter, please call: Name of Contact Person

Name of Contact Person

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 & ■\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment

to
Articles of Incorporation

John Mc Cary, Gar	neral Cont	ractor	Inc.
(Name of Corporation as currently			
P0300014734	45		
(Document Number of	Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, this F its Articles of Incorporation:	Slorida Profit Corporati	ion adopts the f	ollowing amendment(s) t
A. If amending name, enter the new name of the corporation:	NA		TI .
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "C word "chartered," "professional association," or the abbreviation "P	o". A professional co A."	rporation nam	e must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	9808	N. AR	336/2 Ave.
	γωγ		3
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:	ss in Florida, enter the	name of the	
Name of New Registered Agent			
(Florida stree	et a deliment	·	·
·	u daress)	F21 - 1.1	
	City)	, Florida	(Zip Code)
New Registered Office Address: (C New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with		, Florida	
Signature of New Reg	gistered Agent, if chang	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 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: X Change	<u>PT</u>	John Doe	
-			
X Remove	<u> </u>	Mike Jones	
X Add	$\sqrt{\frac{\text{SV}}{\text{SV}}}$	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1)Change	V.	Edwin Valle	610 E. Waters Are Tampa Fl. 33604
X Add			Tampa F1 33604
Remove			
2)Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			
Kemove			

	(Be specific)	
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an amendment provides for an exc	hange, reclassification, or cancellation of issued shares.	
rovisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:	
an amendment provides for an exclusions for implementing the ame (if not applicable, indicate N/A)	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:	
rovisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:	
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rovisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:	

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable: /mmed (ately	
Effective date if applicable: /mmediately (no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will n document's effective date on the Department of State's records.	ot be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated	
Signature Tim May	
(By a director, president or other officer - if directors or officers have not been	•
selected, by an incorporator - if in the hands of a receiver, trustee, or other court	
appointed fiduciary by that fiduciary)	
(Typed or printed name of person signing)	
(Typed or printed name of person signing)	
President	
(Title of pyrson signing)	