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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: DEB ASPHALT Maintenance Inc
DOCUMENT NUMBER: P 04 0000 509 85
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Sabrina Stanley Name of Contact Person
D&B Asphalt Maintenance Inc
11352 orange blud Address West Palm Beach Florida 33412= = City/State and Zip Code
DBASPHALT @ COMCast. NET E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Sabrina Stranley at (561) 707-6328 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 Certificate of Status Certificate of Status Certificate of Status Certificate of Status (Additional copy is enclosed) \$52.50 Filing Fee Certificate of Status Certified Copy (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

(Name of Corporation as current	ly filed with the Florida Dept. of State)
P04000050985	
(Document Number o	f Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporatio "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	n," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the
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 <u>MAY BE A POST OFFICE BOX</u>)	
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address	
Name of New Registered Agent Sabina	Nicole Stanley
11352 Ox	reet address)
New Registered Office Address: West Pale	n Becch Florida 33412 (City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent hereby accept the appointment as registered agent. I am familiar	it and accept the obligations of the position.
5.88	Registered Agent if changing
Signature of Naw I	Registered Agent of 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 Sally Smith, SV as an Add.

Example:		• • • • • • • • • • • • • • • • • • • •	-		
X Change	PT	John Doe			
X Remove	<u>V</u>	Mike Jones			
X Add	<u>\$V</u>	Sally Smith			
Type of Action (Check One)	<u>Title</u>	<u>Name</u>		<u>Addres</u> s	
1)Change	P	<u>Jimr</u>	ny Joseph Stan	by 11352 crang WPB FL 33417	e blue
Add			•	WPB FL 33417	_
Remove					
2) Change	VP	Salvin	a Nicole Stanley		blu
Add				WPB FL 33412	人
Remove					
3) Change					_
Add					en Lan
Remove					コ
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5) Change					
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an amendment prov	ides for an exchange,	, reclassification,	or cancellation of	issued shares,	ア
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The date of each amendment(s) adoption:	if other than the
Effective date if applicable: (no more than 90 days after amendment file date)	·
(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 no 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.	
action was not required.	ا ل
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Signature Salar Signature	6
(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)	
Sabrina Stanley (Typed or printed name of person signing)	
(Title of person signing)	