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COVER LETTER

TO: Amendment Section

P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations
NAME OF CORPORATION: J. M.C. L. CONSTRUCTION, INC.
DOCUMENT NUMBER: 1 0 (000 10 4 0 0)
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Shelley Hurth-Mallory Name of Contact Person Squirrels Framing Firm/Company 107 16 SE 110th Street Rd Address Belleview, FL 34420 City/State and Zip Code Squirrels framing @ amail. com Email address: (to be used for future annual suport notification)
For further information concerning this matter, please call:
Shelley Hurtt-Mallory at (352) 874-2778 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 Certified Copy (Additional copy is enclosed) \$43.75 Filing Fee & Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment

FLED

to Articles of Incorporation of

18 FEB 26 AM 11: 13

	RUCTION LUC.
_	filed with the Florida Dept. of State
P04000 1075	10g
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>I</i> its Articles of Incorporation:	Clorida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
SBULPREL'S FRAMI	OR TINC
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc.," or "Oword "chartered," "professional association," or the abbreviation "I	Co". A professional corporation name must contain the
• •	
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	NIA
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NIA
D. If amending the registered agent and/or registered office address	
new registered agent and/or the new registered office address:	
Name of New Registered Agent N A	
(Florida stre	et address)
New Registered Office Address:	, Florida
	City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent. I am familiar w	ith and accept the obligations of the position.
~ 1111	
Signature of New Re	gistered 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 = 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: <u>X</u> Change	PT	John Doc	
X Remove	<u>V</u>	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	Address
I) Change	V	Shelley Hurtt-Mallor	Y 10716SW 110TH STRA BELLEVIEW, FL
<u>≯'</u> ∧dd		•	BELLEVIEW, FL
Remove			34420
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change	· · · · ·		
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. <u>If amending or addin</u> (Attach <i>additional she</i>	ig additional Arti ets, if necessary).	ieles, enter chans (Be specific)	<u>e(s) here</u> :			
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 If an amendment provisions for impl 	ovides for an excl	hange, reclassific	ation, or cancel	lation of issued s	shares,	
(if not applicable	le, indicate N/A)	enument ii not co	mtanico in the a	menament usen	<u>.</u>	
NIA						
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The date of each amendment(s) adoption: 2/1/18 date this document was signed.	, if other than the
Effective date if applicable:	
(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 document's effective date on the Department of State's records.	date will not 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 by the shareholders was/were sufficient for approval.	nt(s)
The amendment(s) was/were approved by the shareholders through voting groups. The following state must be separately provided for each voting group entitled to vote separately on the amendment(s):	ment
"The number of votes east 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 shareho action was not required.	lder
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 2.23:18	
Signature Land	
(By a director, president or other officer – if directors or officers have not bee sejected, by an incorporator – if in the hands of a receiver, trustee, or other co	
appointed fiduciary by that fiduciary)	ouri
Tesse Mallory (Typed or printed name of person signing)	
PRESIDENT	<i>,</i>
(Title of person signing)	