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NC 607 11 2017

R. Wines

## COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION	EURO METRIK	ENTERPRIS	SES IN	c		
DOCUMENT NUMBER:	P040001	37091				
The enclosed Articles of Amen	dment and fee are submitte	d for filing.				
Please return all correspondenc	e concerning this matter to	the following:				
		DINU PO	PA			
	Name of Contact Person					
	EURO METRIK ENTERPRISES, INC					
	Firm/ Company					
3106 GRANDIFLORA DRIVE,						
	Address					
	GREEN	IACRES, FI	1,3346	57		
	Cit	y/ State and Zi	o Code			
	RMR1	rikegmail	COM			
Hi-m	nail address: (to be used for			tification)		
For further information concern DINU POPA	ning this matter, please call:		954	274-1138		
Name of Contac	t Person	Ar	ea Code	274-1138 & Daytime Telephone Number		
Enclosed is a check for the foll-	owing amount made payabl	e to the Florida	Departn	nent of State;		
	ertificate of Status Co	43.75 Filing Fe ertified Copy dditional copy nclosed)		\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Add Amendment 1 Division of C P.O. Box 632 Tallahassee,	Section forporations 27	7 1. C 2	Division o Tifton Bu 661 Exec	nt Section of Corporations		

## FILED

## Articles of Amendment to

Articles of Incorporation

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of SECRITARY OF SHPEE

EURO METRIE	BNTBRPRISBS, INC.
(Name of Corporation as currently	filed with the Florida Dept. of State)
P 0400	00137091
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, this I its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
CMETRIC CONSTRUCTION INC.	The new
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 "I	Lo". 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> )	N/A
C. <u>Enter new mailing address, if applicable:</u> (Mailing address <u>MAY BE A POST OFFICE BOX</u> )	N/A
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	<u> </u>
cFlorida stre	at address )
(riorua sve	et dauress)
New Registered Office Address:	, Florida
	, in ap cinacy
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.
	;
	1
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; CE() = Chief Executive Officer; CF() = 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.

X Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change		<del>-</del> -	<del> </del>
Add			
Remove			
2) Change			
Add			
Remove			
3 ) Change		***	
Add			
Remove			
4) Change			
Add			
Remove			
5)Change			
Add			
Remove			
6) Change			
Remove			

E. If amending or adding additional Art (Attach additional sheets, if necessary).	. (Be specific)	
/2		
<u> </u>		
	·	
	<del></del>	
	· · · · · · · · · · · · · · · · · · ·	
<del> </del>		
If an amendment provider for an ave	change, reclassification, or cancellation of issued shares,	
provisions for implementing the am	nendment if not contained in the amendment itself:	
(if not applicable, indicate N/A)		
/A		
		-

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
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 of document's effective date on the Department of State's records.	late will not be listed as the
Adoption of Amendment(s) ( <u>CHECK ONE</u> )	
☐ 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.	(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following staten must be separately provided for each voting group entitled to vote separately on the amendment(s):	wni
"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 sharehold action was not required.	ler
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated Sept 27 2017	
Signature  (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 corappointed fiduciary by that fiduciary)	
DINU POPA	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	