## P05000138435

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## **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPO	RATION:	RUCTION, INC			
DOCUMENT NUM	BER: P05000138435				
The enclosed Article.	s of Amendment and fee are su	ibmitted for filing.			
Please return all corre	espondence concerning this ma	atter to the following:			
	JAKE MENTKOW				
	Name of Contact Person				
	TOUGH CONSTRUCTION, INC.				
	Firm/ Company				
	PO BOX 740001				
	Address				
	BOYNTON BEACH, FL 33474				
	City/ State and Zip Code				
	TOUGHCONSTRUCT@BELLSOUTH.NET				
	E-mail address: (to be us	sed for future annual report	notification)		
For further information	on concerning this matter, pleas	se call:			
JAKE MENTKOW		at (	543-1318 )		
Name	of Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:		
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & Certified Copy (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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			

## Articles of Amendment to Articles of Incorporation of

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TOUGH CONSTRUCTION, INC.		
(Name of Corporation as currently filed with the Florida Dept. of State)	)	
P05000138435		
(Document Number of Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the foits Articles of Incorporation:	ollowing amendm	nent(s) to
A. If amending name, enter the new name of the corporation:		
	The ne	
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abb "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must "chartered," "professional association," or the abbreviation "P.A."	reviation "Corp., contain the wor	., rd
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 MAY BE A POST OFFICE BOX)		
	7. 2	
	) <del>)</del>	
		المقسي
D. If amending the registered agent and/or registered office address in Florida, enter the name of the	ω	, rema
new registered agent and/or the new registered office address:		ेब्द्रीकी १
Name of New Registered Agent	PH	: 1 4 ֆ
	<u>;</u> <u>;</u>	The state
(Florida street address)	<del></del> <u>9</u>	
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 with and accept the obligations of the pos	ution.	
Signature of New Registered Agent, if changing		
Check if applicable		
☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.		

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)

Example:

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.

X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	<u>Şally Smith</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	V	LISA MENTKOW	7410 GRANVILLE AVE
Add X Remove			BOYNTON BEACH, FL 33437
2) Change		<u> </u>	
Add Remove 3 ) Change Add			
Remove 4) Change Add			
Remove 5j Change Add			
Remove 6) Change Add			
Remove			

Attach additional sheets, if necessary).	(Be specific)
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provisions for implementing the amen	ange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:

	MAY 1, 2023	
The date of each amendment(s) adopt date this document was signed.	ion:	, if other than the
_	2022	
Effective date if applicable:		
	(no more than 90 days aft	er amendment file date)
Note: If the date inserted in this block document's effective date on the Depart	does not meet the applicable statement of State's records.	story filing requirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted action was not required.	l by the incorporators, or board of c	lirectors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders was/were suffici		of votes cast for the amendment(s)
☐ The amendment(s) was/were approve must be separately provided for each	ed by the shareholders through voting group entitled to vote sepa	ng gtoups. The following statement rately on the amendment(s):
"The number of votes east for t	he amendment(s) was/were sufficie	nt for approval
by		"
•	(voting group)	
5/1/23		
Dated		
Signature		
(DV a difect selected, by	or president or other officer — if dir an incorporator — if in the hands of duciary by that fiduciary)	ectors or officers have not been a receiver, trustee, or other court
JAK	E MENTKOW	
	(Typed or printed name of p	erson signing)
PRE	ESIDENT	
	(Title of person signing)	