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COVER LETTER

TO: Amendment Section Division of Corporations

	RATION: HSECON		C		
	BER: P0600015365		,		
	of Amendment and fee are su				
Please return all corre	spondence concerning this ma	tter to the following:			
	ELMIRA HASSAI	NKIADEH			
		Name of Contact Person	n		
	H S E CONTRACTORS INC.				
		Firm/ Company			
	11905 HATCHER	RCIR			
		Address			
	ORLANDO, FL 3	2824			
		City/ State and Zip Cod	e		
MU	SALLAMS@AOL	.COM			
	_	sed for future annual report	notification)		
For further information	n concerning this matter, pleas	se call:			
ELMIRA HAS	SSANKIADEH	at (321	, 443-2170		
Name	of Contact Person		de & Daytime Telephone Number		
Enclosed is a check fo	r the following amount made p	payable to the Florida Depa	artment of State:		
☐ \$35 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		Amend Divisio Clifton	Address Iment Section on of Corporations Building		
Tallahassee, FL 32314		2661 Executive Center Circle Tallahassee, FL 32301			

Articles of Amendment to Articles of Incorporation of

	of			
HSECONTRACTORS INC.				
(Name of Corporation as currently	filed with the Florida D	ept. of State)		
P06000153650				
(Document Number	of Corporation (if known)			
tursuant to the provisions of section 607.1006, Flores Articles of Incorporation:	rida Statutes, this <i>Florida I</i>	Profit Corporation adopts	the following	amendment(s)
. If amending name, enter the new name of the	corporation:			
	·			The new
ame must be distinguishable and contain the w Corp.," "Inc.," or Co.," or the designation "Co ord "chartered," "professional association," or to	orp," "Inc," or "Co". A			
s. Enter new principal office address, if applical Principal office address MUST BE A STREET A				
				<i>ਕ</i> ੈ
. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I	BOX)) OCT
				JULE
) If amounting the positioned against and/our positions		anida anton the name of		差 U =
. If amending the registered agent and/or registered agent and/or the new registered		orida, enter the name of	the	හ
Name of New Registered Agent				
 	(Florida street addres.	5)		
		, Florida		
New Registered Office Address:	(City)		Zip Code)	

Signature of New Registered 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: X Change	<u>PT</u>	John D	<u>oe</u>	
X Remove	<u>v</u>	Mike J	<u>ones</u>	
X Add	<u>sv</u>	Sally S	<u>mith</u>	
Type of Action (Check One)	Title		Name	<u>Addres</u> s
1) Change	Р		ELMIRA HASSANKIADEH	11905 HATCHER CIR
Add				ORLANDO, FL 32824
Remove				
2) Change	VP	_	HANY ELBANNA	11905 HATCHER CIR
Add				ORLANDO, FL 32824
Remove				
3) Change				
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change				
Add				
Remove				
TT VEHIOVE				

Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
44-4	
	<u> </u>
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provisions for implementing the amer	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
(ij not applicable, indicale N/A)	
(if not applicable, indicate N/A)	
(ij not applicable, indicale N/A)	
(ij not applicable, indicate N/A)	
(y not applicable, indicate N/A)	
(y not applicable, indicate N/A)	

The date of each amendment(s) adoption: 10/18/2013	, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
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.	it(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 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 sharehol action was not required.	der
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 10/18/2013	
Signature Hand Bloom - Il	
(By a director, president or other officer – if directors or officers have not bee	
selected/by an incorporator — if in the hands of a receiver, trustee, or other coappointed fiduciary by that fiduciary)	uri
ELMIRA HASSANKIADEH - HANY E	CRANNA
(Typed or printed name of person signing)	-CRANNA
PRESIDENT - Vice Preside	.t_
(Title of person signing)	•