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COVER LETTER

Division of Corporations			
NAME OF CORPORATION:	Martin Bulders Florida, Inc		
DOCUMENT NUMBER: 00 80000	35038		
The enclosed Articles of Amendment and fee are subm	nitted for filing.		
Please return all correspondence concerning this matter	er to the following:		
Lisa a.	Name of Contact Person		
Lemox Mar	Name of Contact Person fin bulders Florida, Inc		
642 W. Br	Titta Company		
	Address		
	City/State and Zip Code		
Tallahassee FL 32304 City/State and Zip Code 1 is a a lamo xmartin, com E-mail address: (to be used for future annual report notification)			
E-man address. (to be disco	a for future distribute nonfitedation)		
For further information concerning this matter, please	call:		
Lisa a. Knighten	at (904) $671-4741$ Area Code & Daytime Telephone Number		
Name of Contact Person	Area Code & Daytime Telephone Number		
Enclosed is a check for the following amount made pa	yable to the Florida Department of State:		
□ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee & Status 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 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		

Articles of Amendment

	to	
Articles	of Incorporat	io
	of	

Articles of Inco	rporation
lange Alasti Ruilan Fil	and Tua
(Name of Corporation as currently filed with the Flo	orida Dent. of State)
P08000035038	
(Document Number of Corporation (if I	known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this Fits Articles of Incorporation:	Clorida 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 "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "C word "chartered," "professional association," or the abbreviation "P	o". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	642 W. Brevard St
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	(042 W. Brevard St Tallahassee, FL
	32364
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	642 W. Brevard St
	Tallohussee, FL
	32304
D. If amending the registered agent and/or registered office address: new registered agent and/or the new registered office address:	ss in Florida, enter the name of the
Name of New Registered Agent	
612 W. Bre (Florida stree	evand St
(Florida stree	address)
New Registered Office Address:	, Florida 32304 (Zip Code)
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent. I am familiar wi	th and accept the obligations of the position.

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> <u>Joh</u>	n Doe	
X Remove	<u>V</u> <u>Mil</u>	ce Jones	
X Add	SV Sal	ly Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
Change Add	7_		642 W. Brevard St Tallahassee, FL
2) Change	<u> </u>	Amber Allen	1112 Emily Walk E Jacksmylle FL 32221
Remove	<u>√₽</u>	Joseph RAllen, III	112 Emily Walk E Jochsonville, FL 32221
Add	<u>\P</u>	Jason R Allen	1112 Emily Wolk E Jacksnulle, FL 32021
7) Remove 5) Change Add Remove	<u> </u>	Robert Phipps	3735 Frye and W Jochsmulle, FL 32210
6) Change Add Remove			

If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)	_	
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		·	111 2 112
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		•	
If an amendment provides for an exch	ange, reclassification, o	r cancellation of issue	d shares,
provisions for implementing the ame (if not applicable, indicate N/A)	ndment if not contained	in the amendment its	<u>elf:</u>
(ly not appricable, material (1971)			
		<u></u>	
			

The date of each amendment(s) adoption:	, if other than the
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(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	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 11 6 14	
Signature Iku Miten, President	
(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)	
(Typed or printed name of person signing)	
President (Title of person signing)	
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