P08000100649

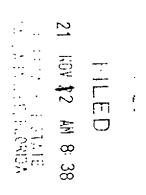
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T. LEMIEUX

COVER LETTER

TO: Amendment Section

Division of Corporations

Tallahassee, FL 32314

NAME OF CORPO	RATION: Macdade Construc	etion Inc	
DOCUMENT NUM	BER: P08000100649		
	of Amendment and fee are se	ibmitted for filing.	
Please return all corre	spondence concerning this ma	atter to the following:	
	Scott Macdade		
		Name of Contact Perso	n
	Macdade Construction Inc		
		Firm/ Company	
	1200 S Sanford Ave		
		Address	
	Sanford, FL 32771		
		City/ State and Zip Cod	le
bart	para@macdadeconstruction.co	om	
	E-mail address: (to be used for future annua	d report notification)
For further information	n concerning this matter, plea	se call:	
Barbara Macdade		at (de & Daytime Telephone Number
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	r the following amount made	payable to the Florida Dep	artment of State:
□ \$35 Filing Fee	■S43.75 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:		Street Address:	
Amendment Section		Amendment Section	
Division of Corporations P.O. Box 6327		Division of Corporations The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

Macdade Construction Inc. (Name of Corporation as currently filed with the Florida Dept. of State) P08000100649 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." 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) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: (Cirv) 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 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>	John Doc	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

G.	If amending or adding additional Articles	
	(Attach additional sheets, if necessary).	(Be specific)
_		
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	·	
u	If an amondment arounder for an archange	monloyuification on some Water of insural shares
11.	provisions for implementing the amendme	reclassification, or cancellation of issued shares, ent if not contained in the amendment itself:
	(if not applicable, indicate N/A)	
lssu	uing of Shares: Barbara Macdade now owns 1	of 100 shares, share number 1
Issu	uing of Shares: Adam Macdade now owns 1 o	f 100 shares, share number 2
Cha	ange of Shares: Scott Macdade now owns 98 (of 100 shares, share numbers 3-100

	October 19,2021
The date of each amendment(s)) adoption:
date this document was signed.	October 19, 2021
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
■ The amendment(s) was/were a by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):
"The number of votes ca	ast for the amendment(s) was/were sufficient for approval
by Scott Macdade	,,
·,	(voting group)
action was not required. 10/19/20 Dated Signature	diffector, president or other officer – if directors or officers have not been
/ selection appo	eted. by an incorporator – if in the hands of a receiver, trustee, or other court sinted fiduciary by that fiduciary)
	Scott Macdade
	(Typed or printed name of person signing)
	President
	(Title of person signing)

if other than the