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COVER LETTER

TO: Amendment Section **Division of Corporations**

NAME OF CORPORATION:	Torres	General	Curnactors Inc		
DOCUMENT NUMBER:	FION: Torres General Contractors Inc P09000044814				
The enclosed Articles of Amendment	and fee are submitted t	for filing.			
Please return all correspondence conc	erning this matter to the	e following:			
	Joel Tones				
-		of Contact Person			
Torner General Commaco			umactors Inc		
	Torner General Crimactors Inc Firm/ Company 3015 W Abdela St. Address Tampa 76 33607 City/ State and Zin Code				
	Address				
	T	anija 70	33607		
	City/ State and Zip Code				
For further information concerning this	•	·	299 - 1110 c & Daytime Telephone Number		
Name of Contact Perso	on	at (Area Cod	e & Daytime Telephone Number		
Enclosed is a check for the following a	amount made payable to				
\$35 Filing Fee S43.75 F Certifica	(Add	75 Filing Fee & ified Copy is osed)	□\$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		Division Clifton	address nent Section n of Corporations Building recutive Center Circle		

Tallahassee, FL 32301

Artisles of Amendment to

to

Articles of Incorporation

	of	_		
	3 General	Commacross	Inc.	
(Name of Corporat		I with the Florida Dep	ot. of State)	
	P09001	0044814		
(Docu	ment Number of Corp	oration (if known)		
Pursuant to the provisions of section 607,1006, Florid ts Articles of Incorporation:	a Statutes, this <i>Floria</i>	la Profit Corporation :	adopts the following amend	lment(s) to
A. If amending name, enter the new name of the co	orporation:			
				iew
name must be distinguishable and contain the work Corp.," "Inc.," or Co.," or the designation "Corpword" chartered," "professional association," or the	o," "Inc," or "Co".	company," or "incorp A professional corpor	oorated" or the abbreviat ration name must contain	ion the
B. <u>Enter new principal office address, if applicable</u> Principal office address <u>MUST BE A STREET ADI</u>				_
	_		2010 JUL SECONE TALLIAN	<u>†</u>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>)x</u>)		ASSECT A	- バ コ
	_		6. S.	-
 If amending the registered agent and/or registered new registered agent and/or the new registered 		Florida, enter the na	me of the	
Name of New Registered Agent	<u> </u>		<u> </u>	
	(Florida street ada	lress)		
New Registered Office Address:			. Florida(Zip Code)	_
•	(City)		(Zip Code)	
New Registered Agent's Signature, if changing Rec hereby accept the appointment as registered agent.		nd accept the obligation	ns of the position.	
Sign	 nature of New Registe	red 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 Doe	
X Remove	<u>V</u>	Mike Jones	
<u>X</u> Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	VP	Joel Tones JR.	3015W. Abdela ST Tanpa, 7L 33607
✓ Add			Tampa, 7L 33607
Remove			•
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

<u>If amending or adding additional Arti</u> Attach <i>additional sheets, if necessary).</i>	(Be specific)	
· · · · · · · · · · · · · · · · · · ·		
f an amendment provides for an exch	hange, reclassification, or cancellation of issued shares,	
(if not applicable, indicate N/A)	endment if not contained in the amendment itself:	
		

The date of each amendment(s) adoption:	-lune 30 2018	, if other than the
date this document was signed.	June 30, 2018 June 30, 2018	, if other man the
Effective date if applicable:	June 30, 2018	
(no	more than 90 days after amendment file date)	
Note: If the date inserted in this block does not me document's effective date on the Department of State		date will not be listed as the
Adoption of Amendment(s) (CHECK	<u>ONE</u>)	
The amendment(s) was/were adopted by the sharely by the shareholders was/were sufficient for approximations.	nolders. The number of votes cast for the amendme val.	nt(s)
☐ The amendment(s) was/were approved by the shar must be separately provided for each voting group		ement
"The number of votes cast for the amendmen	, .	
by(voting gi	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
(voting g	roup)	
☐ The amendment(s) was/were adopted by the board action was not required.	of directors without shareholder action and shareho	older
☐ The amendment(s) was/were adopted by the incorpaction was not required.	porators without shareholder action and shareholder	
Dated July 2	20, 2018	
Signature	Self	
` * * * * * * * * * * * * * * * * * * *	or other officer / if directors or officers have not be	
	tor – if in the fands of a receiver, trustee, or other c	ourt
appointed fiduciary by th	at fiduciary) [
	Joel Tones	
(Type	d or printed name of person signing)	
· · ·	President	
	(Title of person signing)	
	/ - ma or harom months)	