## P10000034397

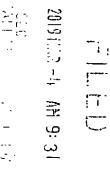
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## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: CITYTECH CON	STRUCTION INC			
DOCUMENT NUMI					
The enclosed Articles	of Amendment and fee are so	ubmitted for filing.			
Please return all corres	spondence concerning this ma	atter to the following:			
	YAMIL ARIZA				
	W/12 2 1 1 1	Name of Contact Perso	n		
	CITYTECH CONSTRUCTION INC				
		Firm/ Company			
	11671 SW 50TH COURT	. ,			
		Address			
	COOPER CITY, FL 33330				
		City/ State and Zip Cod	e		
RSVT	AXACCOUNTING@HOTN	MAIL.COM			
	•	sed for future annual report	notification)		
For further information	concerning this matter, plea	se call:	401-5073		
Name o	f Contact Person		de & Daytime Telephone Number		
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:		
■ \$35 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 Clifton Building 2661 Executive Center Circle			

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

CITYTECH CONSTRUCTION INC.		
(Name of Corporation as cur	rently filed with the Flor	ida Dept. of State)
P10000034397		
(Document Num	ber of Corporation (if know	vn)
Pursuant to the provisions of section 607.1006, Florida Statutes its Articles of Incorporation:	, this <i>Florida Profit Corpo</i>	ration adopts the following amendment(s) to
A. If amending name, enter the new name of the corporatio	n:	
N/A		The new
name must be distinguishable and contain the word "corpo" "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," word "chartered," "professional association," or the abbrevia	or "Co". A professiona.	"incorporated" or the abbreviation
, -	N/A	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	_	
(Timelput office university MOST BE A STREET ADDRESSO)		
	<u> </u>	
C. Enter new mailing address, if applicable:	N/A	ب
(Mailing address <u>MAY BE A POST OFFICE BOX</u> )		
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ad		the name of the
N/A		
Name of New Registered Agent	· <del></del>	<del> </del>
	· · · · · · · · · · · · · · · · · · ·	
(Flori	ida street address)	
New Registered Office Address:		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered A		I.P. and California delication
I hereby accept the appointment as registered agent. I am fam	iliar with and accept the oi	bligations of the position.
Signature of A	New Registered Agent if ch	anging

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	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	VP	PHILENA NICOLE MUNDY	14720 JOCKEY CIR S
Add X Remove			DAVIE, FL 33330
2) Change			
Add			
3) Change			
Remove			
4) Change			
Add			
5) Change	_		
Add Remove			
6) Change			
Add			
Remove			

(Attach additional sheets, if necessary,	rticles, enter change(s) here: ). (Be specific)
N/A	
	change, reclassification, or cancellation of issued shares, nendment if not contained in the amendment itself:
(if not applicable, indicate N/A)	nemanical in not contained in the amendment tigen.
THIS AMENDMENT PROVIDES FOR	A RECLASSIFICATION OF ALL ISSUED SHARES TO PHILENA
NICOLE MUNDY TO THE PRESIDEN	T OF THE CORPORATION YAMIL ARIZA. THE NEW DISTRIBUTION OF
SHARES IS AS FOLLOWS:	
YAMIL ARIZA PRESIDENT S	SHARES 100@\$1.00 OWNERSHIP PERCENTAGE: 100 %

ru - d-a - de -b-bd	02/06/2019	, if other than the
The date of each amendment() late this document was signed.	s) adoption:	If Other than the
<del>-</del>	02/06/2019	
Effective date <u>if applicable</u> :		<del></del>
	(no more than 90 days after amendment file date)	
	his block does not meet the applicable statutory filing requirements, this e Department of State's records.	date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were by the shareholders was/wer	adopted by the shareholders. The number of votes east for the amendment sufficient for approval.	·nt(s)
	approved by the shareholders through voting groups. The following state for each voting group entitled to vote separately on the amendment(s):	ement
"The number of votes	cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
, -	(voting group)	
action was not required.	adopted by the board of directors without shareholder action and shareholder adopted by the incorporators without shareholder action and shareholder	
·		
02/25/2 Dated Signature X	Ph	
(By	director, president or other officer – if directors or officers have not be ected, by an incorporator – if in the hands of a receiver, trustee, or other epointed fiduciary by that fiduciary)	en
	YAMIL ARIZA	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	