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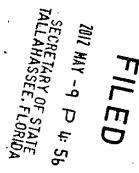
(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entity Nume)
(Decree of Allers In a)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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MAY 16 2018

T. LEMIEUX

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:			SERVICES, INC	
DOCUMENT NUMBER: P11	00005915	6	······	
The enclosed Articles of Amendme				
Please return all correspondence co	ncerning this ma	tter to the following:		
KEVIN	BALTRA			
BALTR	A CONST	Name of Contact Person RUCTION SER	•	
9810 S	W 183 ST	Firm/ Company		
PALMETTO BAY, FL 33157				
		City/ State and Zip Cod	9	
KEVIN@HDCFLA.NET				
E-mail :	address: (to be us	ed for future annual report	notification)	
For further information concerning this matter, please call:				
KEVIN BALTRA		at (786	299-0856	
Name of Contact Pe	rson		de & Daytime Telephone Number	
Enclosed is a check for the following amount made payable to the Florida Department of State:				
	5 Filing Fee & icate 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 Secti Division of Corpo P.O. Box 6327 Tallahassee, FL 3	on orations	Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle ssee, FL 32301	

Articles of Amendment to Articles of Incorporation of

BALTRA CONSTRUCTION SER	VICES, INC
(Name of Corporation as currently filed with the	Florida Dept. of State)
(Document Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporatio" "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	5701 SALT KETTLE CT
(Principal office address MUST BE A STREET ADDRESS)	NEW PORT RICHEY
	FLORIDA 34652
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	5701 SALT KETTLE CT
	NEW PORT RICHEY
	FLORIDA 34652
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address	
Name of New Registered Agent	
(Florida st	ree address)
New Registered Office Address:	, Florida
(City,	(Zip Code)

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

Page 1 of 4

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	PT	John Doe	
X Remove	<u>v</u>	Mike Jones	
_X Add	$\frac{sv}{}$	Sally Smith	
Type of Action (Check One)	Title	Name	Address
1) Change Add Remove	***************************************		
2) Change Add Remove			
3)Change Add Remove			
4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove			
		Page 2 of 4	

attach additional sheets, if necessary).	ticles, enter change(s) here: (Be specific)
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an amendment provides for an excl	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame (if not applicable, indicate NA)	endment if not contained in the amendment itself;
	_
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The date of each amendment	(s) adoption: 5/4/2012
Effective date if applicable:	5/4/2012
in applicable.	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/wer by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.
	re approved by the shareholders through voting groups. The following statement and 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	(voting group)
	(voting group)
☐ The amendment(s) was/wer action was not required.	re adopted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/wer action was not required.	re adopted by the incorporators without shareholder action and shareholder
Dated_5/5/	/2012
Signature	///
(B	by a director, president or other officer – if directors or officers have not been elected, by an incorporator – if in the hands of a receiver, trustee, or other court oppointed fiduciary by that fiduciary)
	KEVIN BALTRA
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)