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COVER LETTER

TO: Amendment Section

Amendment Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

Division of Corporations Construction of Mismi, INC DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: 5 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed) Mailing Address Street Address

Amendment Section

Division of Corporations Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

Articles of Amendment

to Articles of Incorporation

Articles of fice	rporation			
Eggle Construct.	in of M.	Sm	\Box	M C
(Name of Corporation as currently	filed with the Florida Dept. of St	ate)	,	
P11000095	827	 ,		
(Document Number of C	Corporation (if known)			
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	<i>llorida Profit Corporation</i> adopts t	ie followin	g ameno	iment(s) to
A. If amending name, enter the new name of the corporation:				
name must be distinguishable and contain the word "corporation,	· · · · · · · · · · · · · · · · · · ·	 		new
"Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Coword "chartered," "professional association," or the abbreviation "P B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	o". A professional corporation n			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		\$ 60°	跨 拉 0C V -5	
D. If any distribution of the second office address	un in Elevido, ententhe meno ef el		72	
D. If amending the registered agent and/or registered office addressiness registered agent and/or the new registered office address:	ss in Fiorida, enter the name of t	<u>16</u> -: 		
Name of New Registered Agent		1200 - 1444 1170 - 1444 1270 - 1		
(Florida stree	u address)		-	
New Registered Office Address:	, Florio	da		
	City)	(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	e position.		
Signature of New Reg	gistered 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>John</u>	1 Doc	
X Remove	<u>V</u> <u>Mike</u>	e Jones	
X Add	<u>SV</u> <u>Sally</u>	y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change		Brandon Cox	Davie Fl 32321
Add			Davie FC 3333/
Remove			
2) Change	-		
Add			
Remove			
3) Change		-	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
7-	
·	
	
-	
f an amendment provides for an excl	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	endment if not contained in the amendment itself:
(2f t Hankla in Hanks M/t)	
(if not applicable, indicate N/A)	

The date of each amendment(s) adoption:, if other than the
date this document was signed.
Effective date if applicable:
(no more than 90 days after amendment file date)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were adopted by the shareholders. The number of votes east 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
(voting group)
☐ 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 10/2/17
Signature / Sull LOX
(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)
Trace Cox
(Typed or printed name of person signing)
* resident

(Title of person signing)