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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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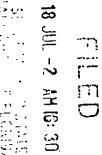


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COVER LETTER

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TO: Amendment Section Division of Corporations

NAME OF CORPORA	TION: <u>Aaron 11</u>	Aurray Stuck	o Inc.
	r: <u> </u>	•	
The enclosed Articles of	Amendment and fee are su	bmitted for filing.	
Please return all correspo	ndence concerning this mat	tter to the following:	
_	4	Name of Contact Person	
	Haron Mi	iray Stuers	
		Firm/Company Fina Cf. Address	
	A	Address (e. Gl. 338) City/ State and Zin Cod	
	Beth. Murray. E-mail address: (to be us	enyr oute and zip cod	•
For further information c	oncerning this matter, pleas	se call:	
Avian Mu Namelor (astrj Contact Person	at (<u><i>\$U 3</i></u> Area Co) 699-9876 de & Daytime Telephone Number
	ne following amount made		
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certificate of Status
Amend Divisio P.O. B	g Address ment Section on of Corporations ox 6327 assee, FL 32314	Ameno Divisio Cliftor 266 L	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED 18 JUL -2 AM 10: 30

Haven Murray Staceo Tine. (Name of Corporation as currently	SECTION AND STATE
(Name of Corporation as currently	filed with the Florida Dept. of State)
P11000102416	Corporation (if known)
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporation:	
Aaron Murray Stucco a Cons	truction Inc. The new
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered," "professional association," or the abbreviation "I	," "company," or "incorporated" or the abbreviation lo". A professional corporation name must contain the la,"
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	1920 Foxhallow R.A. E. Auburndale, F.1. 33823
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1920 Foxhollow Rd. E. Auburnlale Fl. 33823
D. If amending the registered agent and/or registered office address:	
Name of New Registered Agent	
(Florida stre	et 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 w	ith and accept the obligations of the position.
Signature of New Re	reistered Avent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, a 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:

 $P = President; V \neq Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Ch Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each officeld. President, Treasurer, Director would be PTD.$

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 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 Chang Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Doe	
X Remove	Y	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
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Remove			
5) Change			
Add			
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6) Change			
Add			
Remove			

Attach <i>additi</i>	or adding additiona onal sheets, if necess	ary). (Be speci					
							
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If an amond	mant necessialon for an	arahanga waal	verification on	aonastlation e	.f issued abound		
provisions	ment provides for an or implementing the	<u>: amendment if i</u>	not_contained_i	n the amendn	nent itself:	<u>.</u>	
(if not a	pplicable, indicate N	(A)					
					 		
		·····					
							
						· 	

The date of each amendment(s) adoption:date this document was signed.	, if other than t
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 document's effective date on the Department of State's records.	will not be listed as t
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast 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	
Signature (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)	
(Typed or printed name of person signing)	
(Title of person signing)	