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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: LIBERTY EAGLE	CONTRACTING CORP			
	ER:				
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.			
Please return all corresp	oondence concerning this ma	tter to the following:			
(LEMENTINA OSORIO M	UNOZ			
-		Name of Contact Person			
l	LIBERTY EAGLE CONTRACTING CORP				
-		Firm/ Company			
	20335 WEST COUNTRY CLUB DR, APT,2303 FLORIDA 33180				
-		Address			
,	AVENTURA, FL. 33180				
-		City/ State and Zip Code			
(lementina/a libertycontractir	ng.corp			
-	-	sed for future annual report n	otification)		
For further information CLEMENTINA OSOR	concerning this matter, pleas IO MUNOZ		780-0983		
Name of Contact Person		ar (Area Code	780-0983 e & Daytime Telephone Number		
Enclosed is a check for	the following amount made				
□ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Amer Divis P.O.	ing Address indment Section ion of Corporations Box 6327 massee, FL 32314	Division The Cer 2415 N	oddress nent Section of Corporations ntre of Tallahassee . Monroe Street, Suite 810 see, F1, 32303		

Articles of Amendment to Articles of Incorporation of

LIBERTY EAGLE CONTRACTING CORPORATION

P12000040791	of Corporation as current	iv filed with the Florida Dept. of State)		
L [7(mm)+f(1,4)	(Document Number c	of Corporation (if known)		
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this	Florida Profit Corporation adopts the following	ing amendment(s) to	
A. If amending name, enter the new n	ame of the corporation:			
			The _new	
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association,"	$[orp, "]$ " $Inc, "] or "Co", \ \ .$	company," or "incorporated" or the abbrevial 4-professional corporation name must conte 	ion "Corp" iin the word	
B. Eater new principal office address, if applicable:		20335 WEST COUNTRY CLUB DR.APT.2303		
(Principal office address MUST BE A S		AVENTURA, FL, 33180		
				
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			- 3	
				
				
D. If amending the registered agent at				
new registered agent and/or the new registered office address:			လုံ	
Name of New Registered Agent	CLEMENTINA OSORIO	CLEMENTINA OSORIO MUNOZ		
	20335 WEST COUNTRY	CLUB DR. APT.2303, Aventura, FL, 33180		
	(Florida sti	rect address)	_	
New Registered Office Address:		. Florida		
		tCity) (Zij	(Code)	
New Registered Agent's Signature, if c	changing Registered Agent	:		
Thereby accept the appointment as regis	tered agent. I am familiar	with and accept the obligations of the position		
	Signature of New K	Registered Agent, if changing		
	, , , , , , , , , , , , , , , , , , ,	C 12 2 15 C		

Check if applicable

■ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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.

X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	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			

	or adding additional Articles, enti ional sheets, if necessary).— (Be sp.				
				· · · · · ·	
					
					
	·			-	
	 				
				<u>.</u>	
					
 -					 -··
					
If an ameno	ment provides for an exchange, re	classification, or c	ancellation of issued	shares,	
provisions	for implementing the amendment	if not contained in	the amendment itso	<u>4f:</u>	
	applicable, indicate N/A)				
/	Y/A				· · -
·					
				······································	
			······································		
			·		

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The date of each amendment(s) adoption:date this document was signed.	, if other than
Effective date if applicable:	
tho more than 90 days after a	mendment file date)
Note: If the date inserted in this block does not meet the applicable statutory document's effective date on the Department of State's records.	c filing requirements, this date will not be listed as
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of direct action was not required.	tors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders. The number of v by the shareholders was/were sufficient for approval.	otes east for the amendment(s)
☐ The amendment(s) was were approved by the shareholders through voting g must be separately provided for each voting group entitled to vote separate	
"The number of votes cast for the amendment(s) was/were sufficient f	or approval
byCLEMENTINA OSORIO MUNOZ	
(voting group)	·
08/01/2020	
Signature Clamantine Him	les.
(By a director, president or other officer - if directors selected, by an incorporator - if in the hands of a reappointed fiduciary by that fiduciary)	
CLEMENTINA OSORIO MUNOZ	
(Typed or printed name of person	on signing)
PRESIDENT	
(Title of person signing)	

the

the