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COVER LETTER

Division of Corporations NAME OF CORPORATION: 56M BUILDING GOVED DOCUMENT NUMBER: P1200 00536/2 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: SARAH High Reid Tame of Contact Person 5GM Building Group Inc NAPLES PL 34102

City/ State and Zip Code SARAHE SOM naples. 12m E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: CAS NATE Record at (235) 289 - 4/667

Name of Contact Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: S43.75 Filing Fee & S43.75 Filing Fee & Certificate of Status Certified Copy ☐ \$35 Filing Fee □\$52.50 Filing Fee Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy

Mailing Address

TO: Amendment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

is enclosed)

Articles of Amendment to Articles of Incorporation

of

	ding Grup	
(Name of Corporation)	as currently filed with the	e Florida Dept. of State)
(Document	t Number of Corporation (if	f known)
Pursuant to the provisions of section 607,1006, Florida Stats Articles of Incorporation:	atutes, this <i>Florida Profit C</i>	Corporation adopts the following amendment(
A. If amending name, enter the new name of the corp-	oration:	
		The new
name must be distinguishable and contain the word "corpo "Inc.," or Co.," or the designation "Corp." "Inc.," o "chartered." "professional association," or the abbrevia	or "Co". A professional c	incorporated" or the abbreviation "Corp.," corporation name must contain the word
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRE</u>	<u>ESS</u>)	
C. Enter new mailing address, if applicable:		
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)		
O. If amending the registered agent and/or registered new registered agent and/or the new registered offi		enter the name of the
Name of New Registered Agent		
	(Florida street address)	•
New Registered Office Address:	(City)	Florida (Zip Code)
New Registered Agent's Signature, if changing Registe hereby accept the appointment as registered agent. I an	ered Agent: m familiar with and accept t	the obligations of the position.
Siynatur	re of New Registered Agent,	it changing

Check if applicable

 \Box The amendment(s) is/are being tiled 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 D	o <u>e</u>	
X Remove	<u>V</u>	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally S	<u>mith</u>	
Type of Action (Check One)	Title		<u>Name</u>	Address
1) Change	<u>}</u>		LAnce MARTIN	4290 Gulf Stream Dra
Add	·			noples FL 34112
Remove 2) Change	1	_	GARS. Vaz Karimnejad	1673 Pine Ridge Rd
X Add				1/apre 1 6 54/09
Remove 3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change				
Add				
Remove				

	icles, enter change (Be specific)			
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If an amendment provides for an exc	hange, reclassificat	<u>ion, or cancellati</u>	on of issued shares,	
- measicianc facional amanetica +1	endment if not cont	ained in the ame	endment itself:	
(if not applicable, indicate N/4)				
(if not applicable, indicate N/A)				
(if not applicable, indicate N/A)				
(if not applicable, indicate N/A)				
(if not applicable, indicate N/A)				
(if not applicable, indicate N/A)				
(if not applicable, indicate N/A)				
(if not applicable, indicate N/A)				
(if not applicable, indicate N/A)				
(if not applicable, indicate N/A)				

The date of each amendment(s) adoption:	, if other than the
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 document's effective date on the Department of State's records.	ll not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action an action was not required.	d shareholder
☐ 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)	
Dated 2/1/2020	
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)	
(Typed or prifted name of person signing)	
Owner - President	
(Title of person signing)	