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SECRETARY OF STATES

SEP, 23 2013 R. WHITE

COVER LETTER

TO: Amendment Section

Division of Corporations		•
NAME OF CORPORATION: MORCA CONT	SRUCTION SI	ERBVICES INC
DOCUMENT NUMBER: P12000092909	9	
The enclosed Articles of Amendment and fee are submitte		
Please return all correspondence concerning this matter to	the following:	
FARID ULLAH		
Na	ime of Contact Persor	· · · · · · · · · · · · · · · · · · ·
MORCA CONSTR	RUCTIONS	SERVICES INC
	Firm/ Company	
261 PINE VALLE	Y CIR	
	Address	
NAPLES, FL 341	13	
Ci	ty/ State and Zip Code	2
REDEMPTIONAM12	20@GMAI	LCOM
E-mail address: (to be used for		
	•	·
For further information concerning this matter, please call	:	
FARID ULLAH	at (239	,2509650
N	A C	1 0 D 4 T 1 1 N 1

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:

■ \$35 Filing Fee

□\$43.75 Filing Fee & Certificate 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 Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

Street Address

Amendment Section **Division of Corporations** Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation

FILED

簡 SEP IE PN 4:24

MORCA CONSTRUCTION SERVICES INC

SECRETARY OF STATES

(Name of Corporation as currently filed with the Florida Dept. of State)

P12000092909

(Document Number of Gorporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

Corp.," "Inc.," or Co.," or the designat ord "chartered," "professional association				d" or the ab name must c
8. Enter new principal office address, if Principal office address <u>MUST BE A STR</u>		<u>N/A</u>		
C. Enter new mailing address, if applica (Muiling address <u>MAY BE A POST OF</u>	able: FFICE BOX)	N/A		
. If amending the registered agent and/ new registered agent and/or the new to	registered office add	address in Florida, e ress:	nter the name of	the
new registered agent and/or the new i	or registered office registered office add	address in Florida, e ress:	nter the name of	'the
new registered agent and/or the new i	registered office add	address in Florida, e lress: da street uddress)	nter the name of	'the
new registered agent and/or the new registered agent Name of New Registered Agent	registered office add	lress:	nter the name of	the

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 D	<u>oe</u>	
X Remove	<u>v</u>	Mike J	<u>ones</u>	
X Add	<u>sv</u>	Sally S	<u>mith</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
1) Change	CFO)	AHMAD D AHMAD	11504 TAMIAMI TRL E
X				NAPLES, FL 34113
Remove				
2) Change		_		
Add				
Remove				
3) Change				
Add		_		
Remove				
4) Change	-114	_		-
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		-
Add				· · · · · · · · · · · · · · · · · · ·
Remove				

. If amending or adding additional Artic (Attach additional sheets, if necessary).	(Be specific)
(
I/A	
•	
	•
	And the state of t
-	
If an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	indment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
N/A	
1// \	

date this document was signed.	, it other than tr
Effective date if applicable:	
(no more than 90 days after amendment file date)	
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.	
i'he 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)	
(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 09/05/2013	
(By a director, president or other prices – it directors profficers have not been selected, by an incorporator – it in the hands of a receiver, trustee, or other court	_
appointed fiduciary by that fiduciary)	
TARID Ullah (Typed or printed name of person signing)	_
CEO	
(Title of person signing)	_