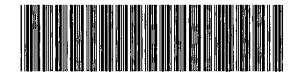
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R. WHITE

(Requestor's Name)			
(Address)			
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PICK-UP	WAIT	MAIL	
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TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Custom Constu	retion Of Tampabay Inc.	,
DOCUMENT NUMBER: P13000003065		
The enclosed Articles of Amendment and fee are	e submitted for filing.	
Please return all correspondence concerning this	matter to the following:	
Patrick Puentes		
	Name of Contact Person	1
	Firm/ Company	
409 W FRANCES AVE		
	Address	·
TAMPA FL 33602		
· · · ·	City/ State and Zip Code	e
NPUENTES@TAMPABAY.R	R.COM	
E-mail address: (to b	e used for future annual report	notification)
For further information concerning this matter, p	lease call:	
PATRICK PUENTES	at (<u>813</u>	de & Daytime Telephone Number
Name of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for the following amount ma	de payable to the Florida Depa	artment of State:
\$35 Filing Fee Certificate of Statu		□\$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	Amend Divisio Clifton	Address Iment Section on of Corporations Building executive Center Circle

Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation

<u>Custom</u> Construction	of Tampabay Inc
(Name of Corporation as cur	rrently filed with the Florida Dept. of State) **** 11: 6
P1300000 3065	TALL All Children
(Document Num	ber of Corporation (if known)
rsuant to the provisions of section 607.1006, Florida Statutes, Articles of Incorporation:	, this Florida Profit Corporation adopts the following amendment(
If amending name, enter the new name of the corporation	<u>n:</u>
	The
	oration," "company," or "incorporated" or the abbreviation or "Co". A professional corporation name must contain the tion "P.A."
Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
(mauring duaress MAL BE A POST OFFICE BOX)	
	V
•	
If amending the registered agent and/or registered office	address in Florida, enter the name of the
new registered agent and/or the new registered office ad	
Name of New Registered Agent Patrick	Puentes
409 W Fr	ances Ave ida street address)
New Registered Office Address: Tampa	(City), Florida 33602 (Zip Code)
ew Registered Agent's Signature, if changing Registered A pereby accept the appointment as registered agent. I am fam	Agent: niliar with and accept the obligations of the position.
Signature of N	New Registered Agent if changing
	IGN AGEOGRA AYUN. U UMMYUY

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>	John Do	<u>oe</u>	
X Remove	Y	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	Title		Name	<u>Addres</u> s
l) Change	VP) 	Nicole Puentes	409 W Frances A
Add	•			Tampa FL 33600
Remove				
2) Change		_		
Add				
Remove				· · · · · · · · · · · · · · · · · · ·
3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Pamova				

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:
Patricy Pulntes 50 Shares
Patrick Puentes 50 Shares Timothy Pelaez 50 Shares

The date of each amendment(s) adoption:date this document was signed.	, if other than th
Effective date <u>if applicable</u> :	
(no more than 90 days a	fter amendment file date)
Note: If the date inserted in this block does not meet the applicable stated document's effective date on the Department of State's records.	tutory filing requirements, this date will not be listed as th
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number by the shareholders was/were sufficient for approval.	of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through vot must be separately provided for each voting group entitled to vote sep	
"The number of votes cast for the amendment(s) was/were suffici	ent for approval
by	,"
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without action was not required.	shareholder action and shareholder
The amendment(s) was/were adopted by the incorporators without shar action was not required.	eholder action and shareholder
Dated	
Signature	
(By a director, president or other officer - if d	
selected, by an incorporator – if in the hands appointed fiduciary by that fiduciary)	of a receiver, trustee, or other court
	1 -
Patrick Pue	ntes
(Typed or printed name of	person signing)
Dog Chalant	

(Title of person signing)