P13000063191

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SECRETARY OF STATE
TALL A "MSSEELT" GRIDA

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORA	TION: DUCICK	Construction	n ine			
DOCUMENT NUMBE	r: P 1	300006319	1			
The enclosed Articles of	Amendment and fee are su	bmitted for filing.				
Please return all correspo	ondence concerning this ma	tter to the following:				
	Onnie Durick (15 de la	Name of Contact Person Struction Firm/ Company Coperative Address	ine			
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:						
<u>Onnie Duc</u>	harme	at (514	699-4823			
Name of	Contact Person	Area Co	de & Daytime Telephone Number			
Enclosed is a check for the	ne following amount made	payable to the Florida Depa	artment 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		Pénant	Addrose			

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 of

FILED SECRETARY OF STATE TALLAPASSEE, TUORIDA

Durick Constructi	ion inc.		13 AUG 19 PM	2: 50
(Name of Corporation as currently	filed with the Flor	ida Dept. of State)		
P 130000	063191			_
(Document Number of	of Corporation (if k	nown)		
Pursuant to the provisions of section 607.1006, Florid its Articles of Incorporation:		orida Profit Corporation	adopts the following	g amendment(s) to
A. If amending name, enter the new name of the o	corporation:			
			. 10 .1 .	_The new
name must be distinguishable and contain the we "Corp.," "Inc.," or Co.," or the designation "Corpword "chartered," "professional association," or the	p." "Inc," or "Co	". A professional corpo		
B. Enter new principal office address, if applicab	le:			
(Principal office address <u>MUST BE A STREET AD</u>	ODRESS)			
				•
				•
C. Enter new mailing address, if applicable:				
(Mailing address <u>MAY BE A POST OFFICE B</u>	<u>OX</u>)			
				-
5.4				-
D. If amending the registered agent and/or registered agent and/or the new registered		s in Florida, enter the na	ame of the	
Name of New Registered Agent				
	(Florida street	- J.J1	_	
	(Fioriau sireei	uaur ess)		
New Registered Office Address:	(City)	, Florid	la (Zip Code)	-
	(City)		(Zip Coue)	
New Registered Agent's Signature, if changing Re				
I hereby accept the appointment as registered agent.	I am familiar wit	h and accept the obligation	ons of the position.	
			_	
Signature of N	New Registered Ago	ent, if changing		

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> <u>Joh</u>	n Doe					
X Remove	<u>V</u> <u>Mil</u>	Mike Jones					
X Add	<u>SV</u> <u>Sal</u>	ly Smith					
Type of Action (Check One)	Title	Name	Address				
1) X Change	PT	annie Ducharme	15 rue de la				
Add			Coopérative Ricquid				
Remove			GC, JOP 180				
2) X Change		Eric Darveau	15 rue de la				
Add			Cooperative, higau				
Remove			(3C) JOP 190				
3) Change							
Add							
Remove							
4) Change							
Add							
Remove							
5) Change		<u> </u>					
Add							
Remove							
6) Change							
Add							
Remove							

	ding or adding and ditional sheets,							
			_					
								
			.=					
			-	<u></u>				
	nendment provi							
(if	not applicable, i	indicate N/A)						,
工	Annie	Ducha	rme	<u> </u>	nI	ot	Shares	51%
			u =		***			
V	Eric	Darve	<u>u</u>	OWOU	π	04	Shares	49%
					····-			
		<u></u>						

The date of each amendment(s) adoption:	, if other than th
Effective date if applicable: 07/83/13	
(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.	
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 13/08/13	
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)	
President	
(Title of person signing)	