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Office Use Only



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COVER LETTER

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: Poll Builder Supply In Concument Number: 1300069459
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Contact Person Coll Builders Supply Inc Firm/ Company 6663 Naccossee Rd. Address Orlando Flagger Sage Sage State and Zip Code City/ State and Zip Code Collbuilders Supply. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Contact Person at (32) 948-3176 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) \$43.75 Filing Fee & Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to

Articles of Inco	orporation	2/5
O // O //		
Coll Builders Supp.		~~
(Name of Corporation as currently filed with the FI	órida Dept. of State)	
F 13000069459		
(Document Number of Corporation (if	known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this Articles of Incorporation:	Florida Profit Corporation adopts the follow	ving amendment(s) t
A. If amending name, enter the new name of the corporation:		
1)	11	The
name must be distinguishable and contain the word "corporation" "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "coword "chartered," "professional association," or the abbreviation "	Co". A professional corporation name mu	abbreviation ist contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	ν/A	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	
• • • • • • • • • • • • • • • • • • • •	Collazo	
New Registered Office Address: OR A (City)	Per address) ndo , Florida 3282 (Zip Code)	<u>'Z</u>
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with the signature of New Registered Agent.	with and accept the obligations of the position.	on.

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 <math>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	PT John Doe	
X Remove	<u>V</u> <u>Mike Jones</u>	
X Add	SV Sally Smith	
Type of Action (Check One)	Title Name	Address
1) Change Add Remove	Pt Humberto Collazo	
2) Change	Pt Adrian Collaro	6663 Naxcosser Ko
Remove 3) Change Add Remove	V Adrian Collazo	6663 Nancossee Ko OKlordo Fl 32822
4) Change Add Remove		
5) Change Add Remove		
6) Change Add Remove		

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)					
(Attach dadinoral sheets, g heecsary).	. 11				
	N/B				
	· · · · · · · · · · · · · · · · · · ·				
F. If an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,				
provisions for implementing the amer (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:				
(g ver approximation very	N/A				
	_ <i>D/A</i>				

The date of each amendment(s) adoption: 08/05/2014	, if other than the
date this document was signed.	
Effective date if applicable: 08/05/2014	
(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)	
(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 08/05/14	
Simuston.	
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)	
Adrian Collazo	
(Typed or printed name of person signing)	
President	
(Title of person signing)	