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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: Atlantic Environme	ental Earthworks, Inc.	
	BER:P13000074195		<u></u>
The enclosed Articles	of Amendment and fee are sul	bmitted for filing.	
Please return all corre	spondence concerning this mat	tter to the following:	
	Christopher Olliff		
		Name of Contact Person	
	Atlantic Environmental Earth	hworks, Inc.	
		Firm/ Company	
	2005 Mikler Rd.		
		Address	
	Oviedo, FL 32765		
		City/ State and Zip Code	:
	Chris_Olliff@yahoo.com		
	E-mail address: (to be us	ed for future annual report	notification)
For further informatio	n concerning this matter, pleas	se call:	
Christopher Olliff		at (<u>407</u>	754-6306
Name	of Contact Person	Area Coo) 754-6306 de & Daytime Telephone Number
Enclosed is a check for	r the following amount made [payable to the Florida Depa	urtment of State:
□ \$35 Filing Fee	S43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Am Div P.O	ling Address endment Section ision of Corporations . Box 6327 ahassee, FL 32314	Amend Divisio The Co 2415 N	Address ment Section n of Corporations entre of Tallahassee N. Monroe Street, Suite 810 ssee, FL 32303

Articles of Amendment to Articles of Incorporation of

Atlantic Environmental Earthworks, Inc.

(Name o	of Corporation as current	tly filed with the Florida Dept. of State)	
P13000074195			
	(Document Number of	of Corporation (if known)	
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, this	s Florida Profit Corporation adopts the follo	wing amendment(s) to
A. If amending name, enter the new na	nme of the corporation:		The new
name must be distinguishable and contain "Inc" or Co.," or the designation "Contain "chartered," "professional association,"	Corp, " "Inc," or "Co".	"company," or "incorporated" or the abbrevi A professional corporation name must cor "	iation "Corp.,"
B. Enter new principal office address, (Principal office address MUST BE A S			
			;
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
			. mung di p. p
			<u> </u>
D. If amending the registered agent an new registered agent and/or the new			
Name of New Registered Agent	Christopher Olliff		
	2005 Mikler Rd.		
New Registered Office Address:		reet address)	
	Oviedo	, Florida,	
		(City)	Zip Code)
	ered agent. I am familiar Troubles OM	t: with and accept the obligations of the position Registered Agent, if changing	<i>)n</i> .
Check if applicable		· · · · · ·	

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), F.S.

f amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and ddress 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 xecutive 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. Thanges 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 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, like Jones, V as Remove, and Sally Smith, SV as an Add. xample: John Doe X Change \mathbf{PT} \underline{V} Mike Jones X Remove <u>SV</u> Sally Smith $X ext{Add}$ <u>Address</u> Name Title 'vpe of Action Check One) 2005 Mikler Rd. Robert Christopher Olliff D) ____ Change Oviedo, FL 32765 ____ Add _ Remove 2005 Mikler Rd. Christopher Olliff D Change Oviedo, FL 32765 $_$ Add __ Remove 3) ____ Change ____ Add ____ Remove 4) ____ Change ____ Add Remove 5) ____ Change __ Add

Remove

6) ____ Change

___ Add

____ Remove

If an amendment provides for an exchange, reclassification, or cancellation of issued shares, proxisions for implementing the amendment if not contained in the amendment itself: (if nor applicable, indicate N/A)	
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re date of each amendment(s	adoption:, if other than
te this document was signed.	
fective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
ote: If the date inserted in thi ocument's effective date on the	block does not meet the applicable statutory filing requirements, this date will not be listed as Department of State's records.
doption of Amendment(s)	(<u>CHECK ONE</u>)
The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors without shareholder action and shareholder
The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.
The amendment(s) was/were must be separately provided	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):
"The number of votes of	ast for the amendment(s) was/were sufficient for approval
by	(voting group)
Dated_ Signature_\l	16-30
(By sele	director, president or other officer – if directors or officers have not been eted, by an incorporator – if in the hands of a receiver, trustee, or other court ointed fiduciary by that fiduciary)
	Christopher Olliff 1311 C C - C C
	(Typed or printed name of person signing)
	Personal Representative, Estate of Robert C. Olliff