P14000036304

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TO: Amendment Section
Division of Corporations

NAME OF CORPORA	ATION: EVERGLE	DE CONSTRUCT	low SPEVICES IN
DOCUMENT NUMBE	<u> </u>	26204	
The enclosed Articles of	Amendment and fee are su	bmitted for filing.	
Please return all corresp	ondence concerning this ma	tter to the following:	
	CLAYTON A	upreus	
	- / -	Name of Contact Persor	1
3	LSINC	<u></u>	
	15	Firm/ Company	
_	4762 NW	22ND ST	
	. 4	Address	
(DOONUT (LE	EZ FL 330 Cily/ State and Zip Code	063
		City/ State and Zip Code	2
W	E-mail address: (to be us	STRUCTION (Cosed for future annual report	DYAHOO. COM notification)
For further information of	concerning this matter, pleas	se call:	
CLATTON A	ustrus	at (954	644.9974
Name of	Contact Person	Area Coo	de & Daytime Telephone Number
Enclosed is a check for t	he following amount made	payable to the Florida Depa	rtment 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 Centificate of Status Centified Copy (Additional Copy is enclosed)
	ng Address dment Section		Address ment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation of

Euxalade Construction	, Sorvices, Inc.
(Name of Corporation as current	by filed with the Florida Dept. of State)
P14000026204	
(Document Number o	f Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporatio" "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	COCONUT CROBZ, FL 33063
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	POBOX 936050 MARCATE, FL 33093
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address	
Name of New Registered Agent LATON AN	welcus
Mew Registered Office Address; Colony Cle	rect address)
New Registered Office Address. SCOO!	(City) Florida 5005 (Zip Code)
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar	with and accept the obligations of the position.
	TALLAND TO
Signature of New F	Registered Agent, 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 <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.

Example: X Change	<u>PT</u>	John Doc	
X Remove	<u>v</u>	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	$\frac{\vee}{}$	PAILLY LETIZIA	GRANSPRINGS, FL 3307
Add			CHALSPRINGS, FL 3307
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

					
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<u>n amendn ovisions f</u>	nent provides for an ex or implementing the a	xchange, reclassificat mendment if not cont	ion, or cancellation o ained in the amendm	fissued shares, entitself:	
	pplicable, indicate N/A)	_			_
JMY_	406055 1	, 1017, 7	ALLIP LE	TIZY WAS	SELECTE
ND	AGREED	TO BELO	ME VICES	PRESIDENT I	OF ECS
E A	GREES TO) ACLEPT	20% OF	100 COPP S	HARES
				SUANCE OF	
<u> </u>	TES A O		20010	= XIC VI	<u> </u>
VICE	IC) A L	<u> </u>	KK SHIT C	F FCS, INC	
					_

The date of each amendment(s) adoption:	, if other than the
Effective date if applicable: (no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this d document's effective date on the Department of State's records.	ate will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment by the shareholders was/were sufficient for approval.	(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statem must be separately provided for each voting group entitled to vote separately on the amendment(s):	ent
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and sharehold action was not required.	ler
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required. Dated A Do T	
Signature (B) 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 course.	
appointed fiduciary by that fiduciary)	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	