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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: A 1 PROF	PERTY IMPROVEMENTS INC				
DOCUMENT NUMBER: P14000068036					
The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
MJ BASS					
	Name of Contact Person				
A 1 PROPERTY	/ IMPROVEMENTS INC				
	Firm/ Company				
PO BOX 1432					
	Address				
MACCLENNY, I	FL 32063				
	City/ State and Zip Code				
a1propertyimprover	ments@gmail.com				
	used for future annual report notification)				
For further information concerning this matter, ple	ease call:				
MJ Bass	at (904) 699-8637				
Name of Contact Person	Area Code & Daytime Telephone Number				
Enclosed is a check for the following amount made	e payable to the Florida Department of State:				
□ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy (Additional copy is enclosed) □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)				
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301					

Articles of Amendment to Articles of Incorporation

(Name of Corporation as	currently filed with the Flo	ride Dent of State)		
A1 PROPERTY IMPRO		rida Bepti of State		
	nt Number of Corporation (if I	known)		
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this F	orida Profit Corporation add	opts the following amendr	ment(s) to
A. If amending name, enter the new na	me of the corporation:			
			The ne	ew
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or "C	o". A professional corporal	rated" or the abbreviati tion name must contain t	on the
B. Enter new principal office address,				
(Principal office address MUST BE A S	TREET ADDRESS)			
C. Enter new mailing address, if appli				
(Mailing address MAY BE A POST)	<u>OFFICE BOX</u>)			
				
D. If amending the registered agent an	d/or registered office addre	ss in Florida, enter the nam	e of the	
new registered agent and/or the new				
Name of New Registered Agent	MJ BASS			
 _	6082 SW 55th A	venue		
	(Florida stree	t address)		
New Registered Office Address:	Jasper	, Florida `	32052	
the state of the s	(City)		(Zip Code)	
Now Desistand America Simple of	haveing Designand Agents			
New Registered Agent's Signature, if c I hereby accept the appointment as regist		th and accept the obligations	of the position.	
	m. S. Pros			
Si	gnature of New Registered Ag	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 <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 Doe	
X Remove	<u>v</u>	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	PD	Martin Owens	P.O. Box 1432
Add			Macclenny, FL 32063
Remove			
2) Change	РС	MJ Bass	P.O. Box 1432
Add			Macclenny, FL 32063
Remove			
3) Change	TSD	Shelia Owens	P.O. Box 1432
Add			Macclenny, FL 32063
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	icles, enter change(s) here: (Be specific)
	, <u></u>
	<u>.</u>
If an amendment provides for an evol	songe realessification or agreellation of issued shares
provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
provisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, andment if not contained in the amendment itself:
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The date of each amendment(s) adoption: 9/23/2014	, if other than the
date this document was signed.	_
Effective date if applicable: 9/23/2014	_
(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 9/23/2014	
Signature M. Z. Bess	
(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)	
M.J. Bass	_
(Typed or printed name of person signing)	
President	
(Title of person signing)	