P14000065508

(Re	equestor's Name)		
(Ac	dress)		
(Ac	idress)		
(Ci	ty/State/Zip/Phone	: #)	
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COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: MCWILLIE CONSTRUCTION INC. DOCUMENT NUMBER: P14000068508 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: HYMON MCWILLIE Name of Contact Person MCWILLIE CONSTRUCTION INC. Firm/Company 155-3 BLANDING BLVD Address ORANGE PARK, FLORIDA 32073 City/ State and Zip Code MCWCONSRTUCTION55@YAHOO.CM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: . at (850 391-6177 Area Code & Daytime Telephone Number HYMON MCWILLIE Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State:

Mailing Address

■ \$35 Filing Fee

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

□\$43.75 Filing Fee &

Certificate of Status

Street Address

□\$43.75 Filing Fee &

(Additional copy is

Certified Copy

enclosed)

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

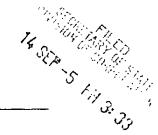
□\$52.50 Filing Fee

Certified Copy

(Additional Copy is enclosed)

Certificate of Status

Articles of Amendment Articles of Incorporation of



MCWILLIE CONSTRUC	TION INC.		'// ₃
(Name of Corporation as	currently filed with the F	lorida Dept. of State)	
P14000068508			·
(Documer	nt Number of Corporation (i	f known)	
ursuant to the provisions of section 607, s Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Corporation adopts the fol	llowing amendment(s)
If amending name, enter the new na	me of the corporation:		
N/A			The new
ame must be distinguishable and cont Corp.," "Inc.," or Co.," or the design ord "chartered," "professional associa	ation "Corp," "Inc," or "	n," "company," or "incorporated" or Co". A professional corporation name P.A."	the abbreviation
Enter new principal office address,	if annlicable:	N/A	
Principal office address MUST BE A S			
	•	·	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		N/A	-
. If amending the registered agent an			**************************************
new registered agent and/or the new		<u>i</u>	
Name of New Registered Agent	N/A		
	N/A		
	(Florida str	ect address)	
New Registered Office Address	N/A	Florida N/A	
The witten and a suppose from the subsection of	(City)	(Zip Co.	de)
New Registered Office Address New Registered Agent's Signature, if cl hereby accept the appointment as regist	(City) hanging Registered Agent:		
hereby accept the appointment as regist		with and accept the obligations of the pos	ition.

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.

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)	Title	<u>Name</u>	Address
1) Change	<u>P</u>	HYMON MCWILLIE	
Add Remove			
2) Change	CeoT	RICHARD ALEXANDER	5327 TIMUQUANA RD
Add			#133
Remove			JACKSONVILLE,FL.32210
3) Change		_	
Add			
Remove			- Man
4) Change		_	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

tach additional sheets, if necessary).	(Be specific)
N/A	
	A STATE OF THE STA
· ·	
· · · · · · · · · · · · · · · · · · ·	
san amendment provides for an exce	nange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	Adment if not contained in the amplication trees.
A	
· · · · · · · · · · · · · · · · · · ·	
	· · · · · · · · · · · · · · · · · · ·

The date of each amendment(s) adoption: date this document was signed.	, if other than the
Effective date if applicable: N/A	
(no more than 90 days af	(ter amendment file date)
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number by the shareholders was/were sufficient for approval.	of votes cast for the amendment(s)
The amendment(s) was/were approved by the shareholders through voting must be separately provided for each voting group entitled to vote separately provided.	
"The number of votes cast for the amendment(s) was/were sufficient	ent for approval
by	,,,,
(voting group)	
The amendment(s) was/were adopted by the board of directors without action was not required.	shareholder action and shareholder
The amendment(s) was/were adopted by the incorporators without share action was not required.	cholder action and shareholder
Dated 09/02/2014	
Signature Hamon McWillis	
(By a director, president or other officer - if di	
selected, by an incorporator – if in the hands of	of a receiver, trustee, or other court
appointed fiduciary by that fiduciary)	
HYMON MCV	VILLIE
(Typed or printed na	me of person signing)
INCORP	ORATOR
(Title of per	son signing)