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C. BRUMBLEY

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: M	lajor	Care Cons	struction Inc
DOCUMENT NUMBER: 71			
The enclosed Articles of Amendmen	m and fee are su	bmitted for filing.	
Please return all correspondence cor	ncerning this ma	tter to the following:	
<u> </u>		Name of Contact Person Constr Firm/ Company	uction
5	684 1	Doonesbury Address	Way
	Tallaha	City/ State and Zip Code	2303
E-mail a	ddress (to be us	25126 y 2h o sed for future annual report	O. (Dingnotification)
For further information concerning	this matter, pleas	se call:	
Carlisa Coop	en 1-12r	rrs at (<u>\$50</u> Area Coo) <u>545 - 5450</u> de & Daytime Telephone Number
Enclosed is a check for the following			
-	5 Filing Fee & icute of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Sect Division of Corpo P.O. Box 6327 Tallahassee, FL 3	ion prations	Amend Divisio The C	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation

a l	

Moior Care Const	ruction Fnc.	
(Name of Corporation as currently	filed with the Florida Dept. of State)	
P 14000073959	>	
(Document Number of C		
Pursuant to the provisions of section 607.1006, Florida Statutes, this Fl its Articles of Incorporation:	orida Profit Corporation adopts the following amend	lment(s) to
A. If amending name, enter the new name of the corporation:		
Major Care Construction	and Cleaning Fifty,	14211
name must be distinguishable and contain the word "corporation," "co "lnc.," or Co.," or the designation "Corp," "lnc," or "Co". A , "chartered," "professional association," or the abbreviation "P.A."	mpany," or "incorporated" or the abbreviation "Corp	
B. Enter new principal office address, if applicable:	5694 Doonesbury Wo	ul
(Principal office address MUST BE A STREET ADDRESS)	5694 Doonesbury Wo Tallahessee, TL 322	
	19(lanessee,1 C 3/2	205
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
D. If amending the registered agent and/or registered office address: Name of New Registered Agent	ss in Florida, enter the name of the	
	<u> </u>	
(Florida stree	er address)	
New Registered Office Address:	, Florida , , , , , , , , , , , , , , , , , , ,	_
()	9	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wi	th and accept the obligations of the position.	6
Signature of New Reg	gistered Agent, if changing	
Check if applicable		

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

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.

Evample: 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		····	
Add			
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4)Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)

If an amendment provides for an exch	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
- 1.7	
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The date of each amendment(s)	adoption:	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendme	nt file date)
Note: If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing repartment of State's records.	equirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were action was not required.	lopted by the incorporators, or board of directors with	nout shareholder action and shareholder
☐ The amendment(s) was/were as by the shareholders was/were	lopted by the shareholders. The number of votes east sufficient for approval.	for the amendment(s)
	proved by the shareholders through voting groups. To each voting group entitled to vote separately on the	
"The number of votes car	t for the amendment(s) was/were sufficient for appro	val
by		;"
	(voting group)	
Signature	12-20-21	
select	firector, president or other officer – if directors or officed, by an incorporator – if in the hands of a receiver, need fiduciary by that fiduciary)	
	(Typed or printed name of person signing	tarris
	Secretary (Title of person signify)	