PH000078754

(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
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SECRETARY OF STATE
TALLAMASSEE FA

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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

f •

NAME OF CORPO	DRATION: T & T CONSTRU	CTION MANAGEMENT (GROUP, INC.		
DOCUMENT NUM	D14000078754				
The enclosed Article	es of Amendment and fee are su	bmitted for filing.			
Please return all cort	respondence concerning this ma	tter to the following:			
	Stacy Lopez				
		Name of Contact Persor	1		
	T & T Construction Group, Inc.				
		Firm/ Company			
	337 W Melody Lane				
	Address				
	Casselberry FL 32707				
		City/ State and Zip Code	e		
	compliance@ttcfl.com				
	•	sed for future annual report	notification)		
	1. man near sa. (10 be a.	sea in initial repart	notinearitaly		
for further informat	ion concerning this matter, plea	se call:			
Stacy Lopez		at (<u>4</u> 07	831-5506 Ext 314		
Name	e of Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check	for the following amount made	payable to the Florida Depa	artment of State:		
□ \$35 Filing Fee	■S43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
	ailing Address		Address		
Amendment Section Division of Corporations		Amendment Section Division of Corporations			
P.O. Box 6327		The Centre of Tallahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment Articles of Incorporation of

programme and the second

(Name of Corpo	ration as currently filed with the FRO Ida Dept. of States: 42
4000078754	
(Do	cument Number of Corporation (if KNOWD) AHASSEE, FL
	rida Statutes, this Florida Profit Corporation adopts the following amendmen
If amending name, enter the new name of the	e corporation:
	The new
ne must be distinguishable and contain the word ic.," or Co.," or the designation "Corp," " hartered," "professional association," or the a	"corporation," "company," or "incorporated" or the abbreviation "Corp.," nc," or "Co". A professional corporation name must contain the word obreviation "P.A."
Enter new principal office address, if applic	
incipal office address <u>MUST BE A STREET</u>	(DDRESS)
Enter new mailing address, if applicable:	POV'S
(Mailing address MAY BE A POST OFFICE	<u></u>
If amending the registered agent and/or reg	stered office address in Florida, enter the name of the
new registered agent and/or the new register	
Name of New Registered Agent	
	(Florida street address)
	, Florida
New Registered Office Address:	. 1 101108

Signature of New 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)

Add

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 Mike Jones \underline{V} <u>SV</u> <u>X</u> Add Sally Smith Address Type of Action <u>Title</u> Name. (Check One) 1) X Change 337 W Melody Lane **TCFO** Stacy Lopez Casselberry FL 32707 ____ Add ____ Remove 2) X Change 337 W Melody Lane Douglas Burwell Casselberry FL 32707 ____ Add _ Remove 3) ____ Change ____ Add ___ Remove 4) ____ Change ___ Add _ Remove 5) ____ Change ____ Add _ Remove 6) ____ Change

Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)	
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<u> </u>		
_		
	nange, reclassification, or cancellation of issued shares,	
If an amendment provides for an exch		
provisions for implementing the ame	ndment if not contained in the amendment itself:	
If an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:	
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provisions for implementing the ame (if not applicable, indicate N/A)	endment if not contained in the amendment itself:	

	01/01/2021	
The date of each amendmen date this document was signed		, if other than the
There was a state of the second state of	01/01/2021	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment	file date)
	this block does not meet the applicable statutory filing require Department of State's records.	quirements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/we action was not required.	re adopted by the incorporators, or board of directors without	ut shareholder action and shareholder
■ The amendment(s) was/we by the shareholders was/w	re adopted by the shareholders. The number of votes cast for ere sufficient for approval.	or the amendment(s)
	re approved by the shareholders through voting groups. The difor each voting group entitled to vote separately on the a	
"The number of votes	cast for the amendment(s) was/were sufficient for approva	1
hy		<u>, </u>
	(voting group)	
03/26	21	
Dated		
Signature	Stag Lopez	
se	y a director, president or other officer – if directors or office lected, by an incorporator – if in the hands of a receiver, tru pointed fiduciary by that fiduciary)	
	Stacy Lopez	
	(Typed or printed name of person signing)	
	Corporate Operations Manager / Treasurer / CFO	
	(Title of person signing)	