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COVER LETTER

TO: Amendment Section Division of Corporations

	ATION: Contractor		nc		
DOCUMENT NUMB	_{ER:} <u>P1400008898</u>	8			
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.			
Please return all corres	pondence concerning this mat	tter to the following:			
	Ronald Mascitti				
-		Name of Contact Person			
	Contractor Solution	ons 360, Inc.			
-		Firm/ Company			
	14050 Conyers S	t			
-	Address				
	Spring Hill, FL 34	609			
-		City/ State and Zip Code)		
ron.	mascitti@outlook	com			
		ed for future annual report	notification)		
			,		
For further information	concerning this matter, pleas	e call:			
Ronald Masci	itti	at (813	, 598-5900		
Name of Contact Person			de & Daytime Telephone Number		
Enclosed is a check for	the following amount made p	soughle to the Florida Dane	etmant of States		
Eliciosed is a clieck for	the following amount made p	dayable to the Florida Depa	riment 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 Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle ssee, FL 32301		

Articles of Amendment to Articles of Incorporation of

Contractor Solutions 360), Inc.		
(Name of Corporation as	currently filed with the Flo	rida Dept. of State)	_
P14000088988			
(Documen	t Number of Corporation (if l	known)	_
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this F	Iorida Profit Corporation adopts the follow	ing amendment(s) to
A. If amending name, enter the new na	me of the corporation:		
N/A			The new
	ation "Corp," "Inc." or "C	" "company." or "incorporated" or the o". A professional corporation name mus.A."	<u>abbreviation</u>
B. Enter new principal office address,	if applicable.	N/A	
(Principal office address MUST BE A ST			_
		····	
6 7			
C. Enter new mailing address, if appli- (Mailing address MAY BE A POST of			
(, , , , , , , , , , , , , , , , , , ,		_
			FILEURS PH 3: 47
			E T
D. If amending the registered agent and	d/an nagistanad affica addus	as in Florida, autor the name of the	温ート
new registered agent and/or the new		ss in Florida, enter the name of the	São or
	N/A		門母子で
Name of New Registered Agent			F. 4.
			響も
	(Florida stree	t address)	. .
New Registered Office Address:		, Florida	
	(City)	(Zip Code)	
Non-Borist and A. A. St., 4 Ct.			
New Registered Agent's Signature, if ch I hereby accept the appointment as registe		th and accept the obligations of the position	
, , , , , , , , , , , , , , , , , , , ,	g,,	······································	
Sic	nature of New Registered Ag	tent if changing	
3161	, manare of their registered Ag	om, y onunging	

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	PT	John Do	<u>oe</u>		
X Remove	<u>v</u>	Mike Jones			
X Add	<u>sv</u>	Sally Sn	<u>nith</u>		
Type of Action (Check One)	Title		Name	<u>Addres</u> s	
1) Change	VS		Wenefreda Enere	14050 Conyers St	
Add				Spring Hill, FL 34609	
Remove				•	
2) Change	 				
Add					
Remove					
3) Change		_			
Add					
Remove					
4) Change		_			
Add					
Remove					
5) Change					
Add					
Remove				· 	
6) Change					
Add	_				
Remove					
Kemove					

. <u>If ar</u> Atta)	nending or adding additional Articles, enter change(s) here: sch additional sheets, if necessary). (Be specific)
N/A	
If an pro	n amendment provides for an exchange, reclassification, or cancellation of issued shares, existing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)
_	

	, if other than the
date this document was signed.	
Effective date if applicable:	_
(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)	
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_1/2/2015	
Dated	
Signature	
(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)	•
Ronald Mascitti	
(Typed or printed name of person signing)	-
President	
(Title of person signing)	•