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SECRE JARY OF STATE STATE SECRE JARY OF CORFESATIONS

Amind Ramb 10-5/15

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Brick yar	d Masony	Inc.
DOCUMENT NUMBER: P1400008	9397	
The enclosed Articles of Amendment and fee are sub		
Please return all correspondence concerning this matt	er to the following:	
Robert	Scali Name of Contact Person	1
	Firm/ Company	
490 NIE 5th	Ave \$4714 Address	
Fort Laude	City/ State and Zip Code	3301
E-mail address: (to be use	yahou, com ed for future annual report	notification)
For further information concerning this matter, please	e call:	
Robert Scali Name of Contact Person	at (954	706-9/74
Enclosed is a check for the following amount made po	ayable to the Florida Depa	funent of State.
□ \$35 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	Amend Divisio	Address ment Section n of Corporations Building

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

OINSECRETA PR 27	ILEO
2015 APP	ORPOR STATE
2015 APR 27	PH 4: 1

Brickyard Masonry	Inc. "727 pu
(Name of Corporation as currently filed with the	Efforida Dept. of State)
P14000089397	
(Document Number of Corporation	ı (if known)
tursuant to the provisions of section 607.1006, Florida Statutes, the Articles of Incorporation:	is Florida Profit Corporation adopts the following amendment(s
. If amending name, enter the new name of the corporation:	
Trio Masony Inc.	The new
Trio Masonry Inc., name must be distinguishable and contain the word "corporate Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or vord "chartered," "professional association," or the abbreviation	r "Co". A professional corporation name must contain the
3. Enter new principal office address, if applicable:	490 NE 5th Ave
Principal office address <u>MUST BE A STREET ADDRESS</u>)	#4714 Fort Landerdale
	FL, 33301
C. Enter new mailing address, if applicable:	490 NE 5+6 Ave
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	#4714 Fort Landerdale
	FL 33301
If amending the registered agent and/or registered office adnew registered agent and/or the new registered office address.	
Name of New Registered Agent	
(Florida	street address)
New Registered Office Address:	, Florida
(Cit	(Zip Code)
New Registered Agent's Signature, if changing Registered Age hereby accept the appointment as registered agent. I am familia	
Signature of New Registered	d 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)

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)	<u>Title</u>	<u>Name</u>	Address
1) Change			
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
а. П а			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

n amendment provides for an exchange	reclassification, or cancellation of issued shares,	
ovisions for implementing the amendme (if not applicable, indicate N/A)	nt if not contained in the amendment itself:	
(y noi appricable, maleure 1911)		

The date of each amendment(s) adoption:	, if other than the
Effective date if applicable: \(\frac{1}{20-15}\) \(\text{(no more than 90 days after amendment file date)}\)	
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 4-20-15	
Dated 4-20-15 Signature Nald Sul:	
(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)	
(Typed or printed name of person signing)	
(Typed or printed name of person signing)	
(Title of person signing)	
(Title of person signing)	