

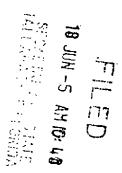
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#### COVER LETTER

NAME OF CORPORATION: X-treme Measures Loud Surveying, Corp. DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: KAFAEL R. DIAZ Y-TREME HEESURES LAW, Sinveying Colp. 15162 S.W. 69 STREET
Address MIAME, FC 33193

City/ State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (<u>954)</u> <u>8/7-0440</u> Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed)

### Mailing Address

TO: Amendment Section

Division of Corporations

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

#### Street Address

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

## Articles of Amendment

|                |   | 202000                 | rently filed with            | the Liotida i | COMMA          |                    |
|----------------|---|------------------------|------------------------------|---------------|----------------|--------------------|
|                | P13C  | (Document Numb         |                              | (if known)    |                |                    |
|                | nt to the provisions of section 607, cles of Incorporation:   |                        |                              |               | n adopts the f | ollowing amendme   |
| A. <u>lf a</u> | mending name, enter the new na  | me of the corporation  | <u>n:</u>                    |               |                |                    |
|                | $\lambda I/A$   |                        |                              |               |                | The new            |
| "Corp.,        | must be distinguishable and cont<br>." "Inc.," or Co.," or the design<br>chartered," "professional associat | ation "Corp," "Inc,"   | or "Co". A pro-              |               |                | r the abbreviation |
|                | ter new principal office address, i<br>ipal office address <u>MUST BE A S</u>                               |                        | <u>~/</u>                    | Д             | ···            |                    |
|                |   |                        |                              |               |                |                    |
|                | nter new mailing address, if appli<br>uiling address <u>MAY BE A POST (</u>                                 |                        | <u> </u>                     | 9             |                |                    |
|                |   |                        |                              |               | _              |                    |
|                |   |                        |                              | <u>-</u>      |                |                    |
|                | nmending the registered agent an<br>w registered agent and/or the nev                                       |                        |                              | da, enter the | name of the    | <del></del>        |
|                |   |                        |                              | da, enter the | name of the    |                    |
|                | w registered agent and/or the nev   | v registered office ad |                              | da, enter the | name of the    |                    |
|                | w registered agent and/or the new  Name of New Registered Agent   | v registered office ad | da street address)           |               |                |                    |
|                | w registered agent and/or the nev   | v registered office ad | da street address)           |               | name of the    | (Zip Code)         |
|                | w registered agent and/or the new  Name of New Registered Agent   | v registered office ad | dress:<br>da street address) |               |                | (Zip Code)         |

# 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:<br>X Change          | <u>PT</u>    | John Do       | <u>oe</u>              |                   |
|-------------------------------|--------------|---------------|------------------------|-------------------|
| X Remove                      | <u>V</u>     | Mike Jo       | <u>nes</u>             |                   |
| X Add                         | <u>sv</u>    | Saily Sn      | nith                   |                   |
| Type of Action<br>(Check One) | <u>Title</u> |               | Name                   | Address           |
| 1) Change                     |              | <del></del>   | Ramsay, Donald T., PSH | 612 N.W. 162 DUE. |
| Add                           |              |               |                        |                   |
| Remove                        |              |               |                        | Floring 33028     |
| 2)Change                      |              | _             | SCOTT J. PERKINS PSH   |                   |
| X Add                         |              |               |                        | Lliami, FL. 33173 |
| Remove                        |              |               |                        |                   |
| 3 ) Change                    |              | <del></del> - |                        |                   |
| Add                           |              |               |                        |                   |
| Remove                        |              |               |                        |                   |
| 4) Change                     |              | _             |                        |                   |
| Add                           |              |               |                        |                   |
| Remove                        |              |               |                        |                   |
|                               |              |               |                        |                   |
| 5) Change                     |              |               |                        |                   |
| Add                           |              |               |                        |                   |
| Remove                        |              |               |                        |                   |
| 6) Change                     |              | _             |                        |                   |
| Add                           |              |               |                        |                   |
| Remove                        |              |               |                        |                   |

| ( A A           | ding or addir | ng additional Art                            | icles, enter chan  | ge(s) here:       |                         |              |     |
|-----------------|---------------|--|--------------------|-------------------|-------------------------|--------------|-----|
|                 |               | rets, if necessary).                         | (Be specific)      |                   |                         |              |     |
| •               | •             | NA   |                    | <u></u>           |                         |              |     |
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|                 |               |  |                    |                   |                         |              |     |
| <u>If an an</u> | nendment pro  | ovides for an excl                           | nange, reclassific | ation, or cancell | ation of issued sl      | hares,       |     |
| provisi         | ions for impl | ementing the ame                             | ndment if not co   | ontained in the a | <u>mendment itself:</u> |              |     |
| (if             |               | e, indicate N/A)                             |                    |                   |                         |              |     |
|                 | NA            |  |                    |                   |                         |              |     |
|                 | 1             | <u></u>                                      |                    |                   |                         | _            |     |
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| The date of each amendment(s) adoption:  | , if other than                     |
|--|-------------------------------------|
| date this document was signed.   | *                                   |
| Effective date if applicable:  (no more than 90 days after amendment file date   |                                     |
| . (no more than 90 days after amendment file date  | <del>)</del>                        |
| Note: If the date inserted in this block does not meet the applicable statutory filing requirement document's effective date on the Department of State's records.                           | ts, this date will not be listed as |
| Adoption of Amendment(s) ( <u>CHECK ONE</u> )  |                                     |
| ☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the am by the shareholders was/were sufficient for approval.   | endment(s)                          |
| ☐ The amendment(s) was/were approved by the shareholders through voting groups. The following must be separately provided for each voting group entitled to vote separately on the amendment |                                     |
| "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 action was not required.  | shareholder                         |
| The amendment(s) was/were adopted by the incorporators without shareholder action and share action was not required.   | holder                              |
| Dated 05/31/2018 1   |                                     |
| Signature  |                                     |
| (By a director, president or other officer—If directors or officers have selected by an incorporator—if in the hands of a receiver, trustee, or  |                                     |
| appointed fiduciary by that fiduciary)   | other court                         |
|  |                                     |
| (Typed or printed name of person signing)  |                                     |
| (Typed or printed name of person signing)  | · <del>- · - · -</del>              |
| President / Dunez. (Title of person signing)   |                                     |
| (Title of person signing)  |                                     |
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