## P15000054504

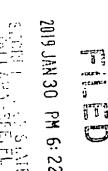
| (Requestor's Name)                       |
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| PICK-UP WAIT MAIL                        |
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| (Business Entity Name)                   |
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| (Document Number)                        |
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| Cartificat Capins Cartificator of Status |
| Certified Copies Certificates of Status  |
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| Special Instructions to Filing Officer:  |
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R. WHITE FE3 0 4 2019

## **COVER LETTER**

TO: Amendment Section Division of Corporations

1 1

| NAME OF CORPOR                                                                                 | AMBT CONSUL                                 | TING OF TB, INC                                                    |                                                                                        |
|------------------------------------------------------------------------------------------------|---------------------------------------------|--------------------------------------------------------------------|----------------------------------------------------------------------------------------|
|                                                                                                | BER: P15000054504                           |                                                                    |                                                                                        |
| The enclosed Articles                                                                          | of Amendment and fee are su                 | abmitted for filing.                                               |                                                                                        |
| Please return all corres                                                                       | pondence concerning this ma                 | itter to the following:                                            |                                                                                        |
|                                                                                                | AMBER TUCK                                  |                                                                    |                                                                                        |
|                                                                                                |                                             | Name of Contact Person                                             | 1                                                                                      |
|                                                                                                | AMBT CONSULTING OF                          | FB, INC                                                            |                                                                                        |
|                                                                                                |                                             | Firm/ Company                                                      |                                                                                        |
|                                                                                                | 12717 GENEVA GLADE D                        | R                                                                  |                                                                                        |
|                                                                                                | -                                           | Address                                                            | _                                                                                      |
|                                                                                                | RIVERVIEW, FL 33578                         |                                                                    |                                                                                        |
|                                                                                                |                                             | City/ State and Zip Code                                           |                                                                                        |
| TUCK                                                                                           | C.AMBER@YAHOO.COM                           |                                                                    |                                                                                        |
|                                                                                                | E-mail address: (to be us                   | sed for future annual report                                       | notification)                                                                          |
| For further information                                                                        | concerning this matter, pleas               | se call:                                                           |                                                                                        |
| AMBER TUCK                                                                                     |                                             | at (813                                                            | 380-8048                                                                               |
| Name o                                                                                         | f Contact Person                            | Area Co                                                            | de & Daytime Telephone Number                                                          |
| Enclosed is a check for                                                                        | the following amount made                   | payable to the Florida Depa                                        | rtment of State:                                                                       |
| S35 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<br>Divisio<br>Clifton                                        | Address<br>ment Section<br>n of Corporations<br>Building<br>xecutive Center Circle     |

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

FILED

2019 JAN 30 PM 6: 22

AMBT CONSULTING OF TB, INC

| (Name of Corporation as curre                                                                                                                                                                    | ently filed with the Florida Dept. of State                                                                        |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|
| P15000054504                                                                                                                                                                                     | HALLAHASSEE, FE                                                                                                    |
| (Document Number                                                                                                                                                                                 | er of Corporation (if known)                                                                                       |
| Pursuant to the provisions of section 607.1006, Florida Statutes, tits Articles of Incorporation:                                                                                                | this Florida Profit Corporation adopts the following amendment(s) to                                               |
| A. If amending name, enter the new name of the corporation:                                                                                                                                      | <u>:</u>                                                                                                           |
| AMBT PAINTING & CONSTRUCTION, INC.                                                                                                                                                               | The new                                                                                                            |
| name must be distinguishable and contain the word "corpore<br>"Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," o<br>word "chartered," "professional association," or the abbreviation | ation," "company," or "incorporated" or the abbreviation or "Co". A professional corporation name must contain the |
| B. Enter new principal office address, if applicable:                                                                                                                                            |                                                                                                                    |
| (Principal office address <u>MUST BE A STREET ADDRESS</u> )                                                                                                                                      |                                                                                                                    |
|                                                                                                                                                                                                  |                                                                                                                    |
|                                                                                                                                                                                                  |                                                                                                                    |
| 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 a                                                                                                                                   |                                                                                                                    |
| new registered agent and/or the new registered office addr                                                                                                                                       | ress:                                                                                                              |
| Name of New Registered Agent                                                                                                                                                                     |                                                                                                                    |
|                                                                                                                                                                                                  |                                                                                                                    |
| (Florida                                                                                                                                                                                         | a street address)                                                                                                  |
| New Registered Office Address:                                                                                                                                                                   | , Florida                                                                                                          |
|                                                                                                                                                                                                  | (City) (Zip Code)                                                                                                  |
|                                                                                                                                                                                                  |                                                                                                                    |
| New Registered Agent's Signature, if changing Registered Age                                                                                                                                     |                                                                                                                    |
| I hereby accept the appointment as registered agent. I am famili                                                                                                                                 | iar with and accept the obligations of the position.                                                               |
|                                                                                                                                                                                                  |                                                                                                                    |
|                                                                                                                                                                                                  |                                                                                                                    |
| Signature of Ne                                                                                                                                                                                  | w 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)

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 Do  | <u>oe</u>   |                 |
|-------------------------------|-----------|----------|-------------|-----------------|
| X Remove                      | <u>v</u>  | Mike Jo  | nes         |                 |
| X Add                         | <u>sv</u> | Sally Sn | <u>nith</u> |                 |
| Type of Action<br>(Check One) | Title     |          | Name        | <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                     |           | _        |             | <u> </u>        |
| Add                           |           |          |             |                 |
| Remove                        |           |          |             |                 |

| If amending or adding additional Art<br>Attach additional sheets, if necessary). | (Be specific)                                              |
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|                                                                                  |                                                            |
| f an amendment provides for an excl                                              | hange, reclassification, or cancellation of issued shares, |
| provisions for implementing the ame                                              | endment if not contained in the amendment itself:          |
| (if not applicable, indicate N/A)                                                |                                                            |
|                                                                                  |                                                            |
|                                                                                  |                                                            |
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|                                                                                  | JANUARY 22, 2019                                                                                                                                                             |                      |
|----------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|
| The date of each amendment(s) adopt date this document was signed.               | ion:                                                                                                                                                                         | , if other than the  |
| Effective date if applicable:                                                    |                                                                                                                                                                              |                      |
|                                                                                  | (no more than 90 days after amendment file date)                                                                                                                             |                      |
| Note: If the date inserted in this block document's effective date on the Depart | does not meet the applicable statutory filing requirements, this date will ment of State's records.                                                                          | not be listed as the |
| Adoption of Amendment(s)                                                         | (CHECK ONE)                                                                                                                                                                  |                      |
| ■ The amendment(s) was/were adopted<br>by the shareholders was/were suffici      | I by the shareholders. The number of votes east for the amendment(s) ent for approval.                                                                                       |                      |
|                                                                                  | ed by the shareholders through voting groups. The following statement h voting group entitled to vote separately on the amendment(s):                                        |                      |
|                                                                                  | he amendment(s) was/were sufficient for approval                                                                                                                             |                      |
| bv                                                                               |                                                                                                                                                                              |                      |
|                                                                                  | (voting group)                                                                                                                                                               |                      |
| ☐ The amendment(s) was/were adopted action was not required.                     | by the board of directors without shareholder action and shareholder                                                                                                         |                      |
| ☐ The amendment(s) was/were adopted action was not required.                     | by the incorporators without shareholder action and shareholder                                                                                                              |                      |
| JANUARY 22,                                                                      | 2019                                                                                                                                                                         |                      |
| Dated                                                                            | of tuck                                                                                                                                                                      | _                    |
| selected, by                                                                     | or, president or other officer – if directors or officers have not been an incorporator – if in the hands of a receiver, trustee, or other court iduciary by that fiduciary) |                      |
| AM                                                                               | BER TUCK                                                                                                                                                                     |                      |
|                                                                                  | (Typed or printed name of person signing)                                                                                                                                    |                      |
| PRI                                                                              | ESIDENT                                                                                                                                                                      |                      |
|                                                                                  | (Title of person signing)                                                                                                                                                    |                      |