P15000067531

| (Re | equestor's Name) | |
|-------------------------|--------------------|-----------|
| (Ad | dress) | |
| (Ad | ldress) | |
| (Cit | ty/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nan | ne) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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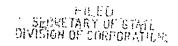
C LEWIS

COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPOR | RATION: APPROVAL CON | ISTRUCTION INC | |
|-------------------------|--|--|--|
| DOCUMENT NUMI | P15000067531 | | |
| The enclosed Articles | of Amendment and fee are su | ibmitted for filing. | |
| Please return all corre | spondence concerning this ma | tter to the following: | |
| | CARLOS E. RIVERA | | |
| | | Name of Contact Person | |
| | APPROVAL CONSTRUCT | ION INC | |
| | | Firm/ Company | - Control of the Cont |
| | 12734 KENWOOD LANE, | STE 80 | |
| | | Address | |
| | FORT MYERS, FL 33907 | | |
| | | City/ State and Zip Code | |
| KLIC | CHE3912@YAHOO.COM | | |
| | E-mail address: (to be us | sed for future annual report i | notification) |
| For further information | n concerning this matter, pleas | se call: | |
| CARLOS E BUZER | | 220 | 010 5075 |
| CARLOS E. RIVERA | | at (| _) |
| Name | of Contact Person | Area Coo | le & Daytime Telephone Number |
| Enclosed is a check fo | r the following amount made | payable to the Florida Depar | rtment of State: |
| ☐ \$35 Filing Fee | □\$43.75 Filing Fee & Certificate of Status | □\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) |
| Amo Divi P.O. | ling Address endment Section sion of Corporations Box 6327 ahassee, FL 32314 | Amendi Division Clifton | Address ment Section n of Corporations Building kecutive Center Circle |

Tallahassee, FL 32301



Articles of Amendment to Articles of Incorporation of

2016 SEP 22 PM 2: 57

| APPROVAL CONSTRUCTION INC | | |
|---|-----------------------------|---|
| (Name o | of Corporation as curren | tly filed with the Florida Dept. of State) |
| P15000067531 | | |
| | (Document Number | of Corporation (if known) |
| Pursuant to the provisions of section 607 its Articles of Incorporation: | 1006, Florida Statutes, thi | s Florida Profit Corporation adopts the following amendment(s) to |
| A. If amending name, enter the new na | ame of the corporation: | |
| SMART BIM CONSTRUCTION, INC. | | The new |
| | nation "Corp," "Inc," or | ion," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the |
| B. Enter new principal office address, if applicable: | | 12734 KENWOOD LANE, STE 80 |
| (Principal office address MUST BE A S | | FORT MYERS |
| | | FL 33907 |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | | 805 SW 4TH AVE |
| | | CAPE CORAL |
| | | FL 33991 |
| D. If amending the registered agent an new registered agent and/or the new | | |
| Name of New Registered Agent | CARLOS E. RIVERA | |
| Hamo of then Hogistel our Ingent | 12734 KENWOOD LAN | NE, STE 80 |
| | (Florida s | treet address) |
| New Registered Office Address: | FORT MYERS | , Florida 33907 |
| | | (City) (Zip Code) |
| | | |
| New Registered Agent's Signature, if c | hanging Registered Ager | nt: |
| I hereby accept the appointment as regis: | tered agent. I am familia | with and accept the obligations of the position. |
| | 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)

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) | Title | Name | <u>Addres</u> s |
| 1) Change | VP | HERNAN VALENCIA | 14537 ABACO LAKES DE, APT |
| Add | | | FORT MYERS |
| X Remove | | | FL 33908 |
| 2) Change | VP | CARLOS O. FERREIRA | 20357 CORKSCREW SHORES BI |
| X Add | | | ESTERO |
| Remove | | | FL 33928 |
| 3) Change | | | |
| Add | | | |
| Remove | | | |
| 4) Change | | | |
| Add | | | |
| Remove | | | |
| 5) Change | | | |
| Add | | | |
| Remove | | | |
| 6) Change | | | |
| Add | , | | |
| Remove | | | |

| 2. If amending or adding additional Articles, enter cha (Attach additional sheets, if necessary). (Be specific) | |
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| | The state of the s |
| If an amendment provides for an exchange, reclassi provisions for implementing the amendment if not | contained in the amendment itself: |
| (if not applicable, indicate N/A) | |
| RECLASSIFICATION OF ISSUED SHARES: | |
| REMOVE: HERNAN VALENCIA 0% | |
| ADD: CARLOS O. FERREIRA 45 % | |
| CARLOS E. RIVERA 55 % | |
| | |
| | |
| | |
| | |

| 5 | 09/19/2016 | AVISION OF CONFORATION |
|--|--|--|
| The date of each amendment(s) ad late this document was signed. | option: | if other than the |
| - | 9/2016 | 25 55 14 5:31 |
| Effective date <u>if applicable</u> : | | |
| | (no more than 90 days after a | mendment file date) |
| Note: If the date inserted in this blocument's effective date on the Dep | | filing requirements, this date will not be listed as the |
| Adoption of Amendment(s) | (<u>CHECK ONE</u>) | |
| The amendment(s) was/were ado by the shareholders was/were suf | pted by the shareholders. The number of vo ficient for approval. | otes cast for the amendment(s) |
| | roved by the shareholders through voting greach voting group entitled to vote separately | |
| "The number of votes cast | for the amendment(s) was/were sufficient fo | or approval |
| by | (voting group) | `` |
| | (voling group) | |
| ☐ The amendment(s) was/were ado action was not required. | pted by the board of directors without share | holder action and shareholder |
| ☐ The amendment(s) was/were ado action was not required. | pted by the incorporators without sharehold | er action and shareholder |
| 09/19/2016 Dated | | |
| Signature | 1/2 | |
| | rector, president or other officer – if director | ors or officers have not been |
| | , by an incorporator — if in the hands of a reed fiduciary by that fiduciary) | eceiver, trustee, or other court |
| | CARLOS E. RIVERO | |
| | (Typed or printed name of perso | on signing) |
| | PRESIDENT | |

(Title of person signing)