## P15000384

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R. Wine.

CRETARY OF SIA

## COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORPOI	RATION: EME GROUP, INC	C.		
DOCUMENT NUMI	P15000090384			
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corre	spondence concerning this ma	tter to the following:		
	ERNESTO BARRIENTOS			
		Name of Contact Person	n	
	EME GROUP, INC.			
		Firm/ Company		
	902 S. PALM COURT DR.,	#2104		
•		Address		
	HARLINGEN, TX 78552			
		City/ State and Zip Cod	e	
STRE	EAMLINEHR@YAHOO.CO!	M		
	E-mail address: (to be us	sed for future annual report	notification)	
For further information	n concerning this matter, pleas	se call:		
ERNESTO BARRIENTOS		at ( <sup>727</sup>	510-6277	
Name	of Contact Person	Area Code & Daytime Telephone Number		
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	artment of State:	
■ \$35 Filing Fce	☐S43.75 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			Address	
	endment Section sion of Corporations	Amendment Section Division of Corporations		
	Bex 6327	Clifton Building		
Tallahassee, FL 32314		2661 Executive Center Circle		

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

FILED

15 NOV 24 AM 3: 30

to

EME GROUP, INC.

	EME OROOT, IN	<i>"</i>	FORETABLY OF OTATE
(Name of C	Corporation as currently filed	with the Floridan	ept. of State) E FLORIDA
	P1500090384		
	(Document Number of Corpo	ration (if known)	
Pursuant to the provisions of section 607.10 its Articles of Incorporation:	06, Florida Statutes, this <i>Florida</i>	Profit Corporation	adopts the following amendment(s
A. If amending name, enter the new nam	e of the corporation:		
			The new
name must be distinguishable and contai "Corp.," "Inc.," or Co.," or the designati word "chartered," "professional associatio	on "Corp," "Inc," or "Co".		
B. Enter new principal office address, if a (Principal office address MUST BE A STR			
C. Enter new mailing address, if applica (Mailing address MAY BE A POST OF			
D. If amending the registered agent and/onew registered agent and/or the new r		Florida, enter the n	ame of the
Name of New Registered Agent			<del></del>
	(Florida street addı	ess)	
New Registered Office Address:			, Florida
	(City)		(Zip Code)
New Registered Agent's Signature, if char	aging Registered Agent:		
I hereby accept the appointment as registere		l accept the obligati	ons 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	PT	John Doe	
X Remove	Y	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	P	ERNESTO BARRIENTOS	902 S. PALM COURT DR.
X Add			#2104
Remove			HARLINGEN, TX 78552
2) Change			
/\dd			
Remove			
3) Change			
Add			
Remove			<del></del>
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
A.dd			-
Remove			

Attach addition	adding additional Article al sheets. if necessary). (	(Be specific)	-		
				· · - · · · · · · · · · · · · · · · · ·	
					, <u>, , , , , , , , , , , , , , , , , , </u>
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****	, <u>, , , , , , , , , , , , , , , , , , </u>				
provisions for	nt provides for an exchan implementing the amend licable, indicate N/A)	ge, reclassificati ment if not cont	on, or cancellation	on of issued share ndment itself:	<u>'S,</u>
			<del>-</del>		

The date of each amendment(	s) adoption:	, if other than the
date this document was signed.	11/10/17	
Effective date <u>if applicable</u> :	11/19/15	
	(no more than 90 days after amendment file date)	
	his block does not meet the applicable statutory filing requirements, this e Department of State's records.	s date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were by the shareholders was/wer	adopted by the shareholders. The number of votes east for the amendment sufficient for approval.	ent(s)
	approved by the shareholders through voting groups. The following state for each voting group entitled to vote separately on the amendment(s):	'ement
"The number of votes	cast for the amendment(s) was/were sufficient for approval	
by	."	
	(voting group)	
action was not required.	adopted by the board of directors without shareholder action and shareholder adopted by the incorporators without shareholder action and shareholder	
•		
11/19/1 Dated	5	
Ci	Maril Som	
sel	a director, president or other officer – if directors or officers have not be exted, by an incorporator – if in the hands of a receiver, trustee, or other cointed fiduciary by that fiduciary)	
	MANUEL SUAREZ	
	(Typed or printed name of person signing)	
	VP	
	(Title of person signing)	