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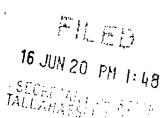
R. WHILE

COVER LETTER

TO: Amendment Section Division of Corporations

VALLEJO AND SON CONAME OF CORPORATION:	ONSTRUCTION
DOCUMENT NUMBER: P(60000	05106
BOCCINENT NO. INDEX.	
The enclosed Articles of Amendment and fee are submitte	a for filing.
Please return all correspondence concerning this matter to	the following:
ISAIAS VALLEJO	
(Na	me of Contact Person)
VALLEJO AND SON CONSTRUCTION	٠.
	(Firm/ Company)
4511 N MATANZAS AVE	
	(Address)
TAMPA, FL 33614	
(Cit	y/ State and Zip Code)
E-mail address: (to be used for	future annual report notification)
For further information concerning this matter, please call:	
ISAIAS VALLEJO	
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable	e to the Florida Department of State:
(A	43.75 Filing Fee & S52.50 Filing Fee crtified Copy Additional copy is enclosed) S52.50 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	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



Vallejo and Son Construction Inc

(Name	of Corporation as currently	filed with the Florida Dept. of State)	7 944. 7
P16000005106			
	(Document Number of	Corporation (if known)	
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this F	Clorida Profit Corporation adopts the follow	ing amendment(s) to
A. If amending name, enter the new n	ame of the corporation:		
		# A # # # # # # # # # # # # # # # # # #	The new
	nation "Corp," "Inc," or "C	" "company," or "incorporated" or the o". A professional corporation name mus o.A."	
B. Enter new principal office address,	if applicable:		
(Principal office address <u>MUST BE A S</u>	STREET ADDRESS)		
C. Enter new mailing address, if appl (Mailing address MAY BE A POST			
(Muning unitess MATT DE ATOMY	OTTICE BOX)		4***
			
D. If amending the registered agent an new registered agent and/or the ne		ss in Florida, enter the name of the	
Name of New Registered Agent	KEITH THOMAS CRAPE		
Name of New Registered Agent	4511 N MATANZAS AVER	NUE	
	(Florida stree	t address)	
New Registered Office Address:	TAMPA	Florida 33614	
	(0		Code)
	(-	,,,,,	
New Registered Agent's Signature, if c		th and accept the obligations of the position.	
. Horoby wedept the appointment as region	erea agent. Tantyantitar mi	in and decept the bonganons of the position.	
$\langle \cdot \rangle_{\Lambda}$	/ 14 /	1.	
X(A	My Cuap	vistaved Agant if changing	
X/ [1]	Signature of New Reg	ristered 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>	<u>Addres</u> s
1) Change	VP	KEITH THOMAS CRAPE	4511 N MATANZAS AVENUE
X Add			TAMPA, FLORIDA 33614
Remove			
2) X Change	P	ISAIAS VALLEJO	4511 N MATANZAS AVENUE
Add			TAMPA, FLORIDA 33614
Remove			
3) Change	P	YESENIA VALLEJO	4511 N MATANZAS AVENUE
Add			TAMPA, FLORIDA 33614
X Remove			
4) Change			
Add			
Remove			
5) Change	· · · · · ·	P1.	
Add			
Remove			
6) Change			
Add			
Remove			

	eets, if necessary). (Be specific)
Ompany shares distribu	uted at 98% for Mr. Keith Thomas Crape and 2% to Isaias Vallejo, with the shareholders having
ame rights and obligation	ons as they percentage of shares.
	
If an amendment pro	ovides for an exchange, reclassification, or cancellation of issued shares,
provisions for imple (if not applicable	ementing the amendment if not contained in the amendment itself:
(у ног аррисаон	e, matcate IVA)
<u> </u>	

The date of each amendment(s) adoption: date this document was signed.	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 does not meet the applicable statutory filing requirements, this date will no document's effective date on the Department of State's records.	of be listed as the
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	
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.	
06-01-2016 Dated	
Signature (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)	
KEITH THOMAS CRAPE	
(Typed or printed name of person signing)	
VICE PRESIDENT	
(Title of person signing)	