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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: GATOR HOME (CONSTRUCTION INC	
DOCUMENT NUMB	ER:P16000026168		
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.	
Please return all corresp	pondence concerning this mat	tter to the following:	
	NORGE RIVERO		
		Name of Contact Persor	1
	GATOR HOME CONSTRU	UCTION INC	
-		Firm/ Company	
	4184 6TH AVE NE	t title Company	
-		Address	
	NAPLES, FL 34120		
-		City/ State and Zip Code	
		City/ State and Zip Code	
GA	TORHOMECONSTRUCT	ION@GMAIL.COM	
		sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
NORGE RIVERO		239	919 - 9978
Name o	of Contact Person	at (Area Co	de & Daytime Telephone Number
tvanic o	of Contact I classic		20 20 30,
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
■ \$35 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)
Mail	ling Address	Street	Address
Amendment Section		Amendment Section	
	sion of Corporations		on of Corporations
	Box 6327		Building Executive Center Circle
Lalia	ahassee, FL 32314		assec, FL 32301

Articles of Amendment to Articles of Incorporation of

GATOR HOME CONSTRUCTION INC

(Name of Corporation as curre	ntly filed with the Florida Dept. of State)		
P16000026168				
(Document Number	r of Corporation (if known)			
Pursuant to the provisions of section 607.1006, Florida Statutes, the Articles of Incorporation:	is Florida Profit Corporation adopts the	following a	amendm	ent(s) to
A. If amending name, enter the new name of the corporation:				
		7	he nev	۸.
name must be distinguishable and contain the word "corpora "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," of word "chartered," "professional association," or the abbreviation	r "Co". A professional corporation nam	r the abb	reviatio ntain th	n e
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		,		
C. Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)		<u>: </u>	<u></u>	
			7	
			ر مر 	; _
D. If amending the registered agent and/or registered office a	ddress in Florida, enter the name of the		· ·	• 1
new registered agent and/or the new registered office addr			_ <u>.</u> #	Ü
Name of New Registered Agent			<u>Ç</u>	
		1	٠.٠	
(Florida	street address)			
	F1:			
New Registered Office Address:	, Florida,	(Zip Co		

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.

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>Addręs</u> s
1) Change	T	ORLANDO GUERRA	4184 6TH AVE NE
X Add			NAPLES, FL 34120
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Damaya			

Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)	
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e de la companya del companya de la companya del companya de la co	barre and authorities of insued shows	
i an amendment provides for an exci	hange, reclassification, or cancellation of issued shares,	
provisions for implementing the ame	endment if not contained in the amendment itself:	
provisions for implementing the ame (if not applicable, indicate N/A)	endment if not contained in the amendment itself:	
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provisions for implementing the ame	endment if not contained in the amendment itself:	
provisions for implementing the ame	endment if not contained in the amendment itself:	

The date of each amendment(s) addate this document was signed.	otion:, if other than the
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this bl document's effective date on the Dep	ck does not meet the applicable statutory filing requirements, this date will not be listed as the rtment of State's records.
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were adop by the shareholders was/were suf	ed by the shareholders. The number of votes cast for the amendment(s) cient for approval.
	ved by the shareholders through voting groups. The following statement sich voting group entitled to vote separately on the amendment(s):
"The number of votes cast f	r the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
☐ The amendment(s) was/were adopted action was not required.	ed by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adoption was not required.	ed by the incorporators without shareholder action and shareholder
Dated 03/08/2	18
Signature 1	76 D.
	ector, president or other officer - if directors or officers have not been
	by an incorporator – if in the hands of a receiver, trustee, or other court d fiduciary by that fiduciary)
	(Typed or printed name of person signing)
	(Typed or printed name of person signing)
	President (Title of person signing)
	(Title of person signing)