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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: _	Sou	th Flor	ida Barricades,	INC.	
DOCUMENT NUMBER:	P/6000	037/05			
The enclosed Articles of Amendme	The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence co	oncerning this matt	er to the following:			
	Jordon-	34750			
		Name of Contact Person	1		
		Firm/ Company			
	PoBox	3410			
	Λ 1	Address			
·	Hroadia	Address F(342 City/ State and Zip Code	<u>65</u>		
	orda @ Af address: (to be use	NUS ENV. TORMAS d for future annual report	notification)		
For further information concerning	this matter, please	e call:			
Solder De	5.30	at (868	9906084 de & Daytime Telephone Number		
Name of Contact 1	CISOII				
Enclosed is a check for the followi	ng amount made p	ayable to the Florida Depa	irtment of State:		
	75 Filing Fee & ficate 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 Addres	_		Address		
Amendment Sec Division of Corp			Iment Section on of Corporations		
P.O. Box 6327	oradons		Building		
Tallahassee, FL	32314		xecutive Center Circle		

Tallahassee, FL 32301

Articles of Amendment to

Articles of Incorporation (Name of Corporation as currently filed with the Florida Dept. of State) (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." 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) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent Jordan Deriso New Registered Office Address: Florida New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position: 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 <math>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: <u>X</u> Change	PT John	n Doe	
X Remove	<u>V</u> <u>Mik</u>	<u>se Jones</u>	
_X Add	SV Sall	y Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	<u>P</u>	Heather Rutledge	4600 Summerlink
Add Remove			Sute C2-264 Fort Myers, FI 33919
2) Change	_5_	Charles Rutledge	4600 Summerlin Rd Suite C2-264
Remove 3) Change Add	P	Joel Deriso	FOR Myers, FL 33519 2731 SUCR 661 Accodic F1, 34266
Remove 4) Change Add Remove	VP.	Jordan Deriso	27315 W(R661 Accaliaf1, 34266
5) Change Add Remove			
6) Change Add Remove			

. If amending or adding additional Art	icles, enter change(s) here:
(Attach additional sheets, if necessary).	(Be specific)
	
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provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
	\
	\ .

date this document was signed.	option:, if other than th
Effective date <u>if applicable</u> :	June 15.2016
	(no more than 90 days after amendment file date)
Note: If the date inserted in this bi document's effective date on the Dep	lock does not meet the applicable statutory filing requirements, this date will not be listed as the partment of State's records.
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were ado by the shareholders was/were sut	pted by the shareholders. The number of votes cast for the amendment(s) flicient for approval.
	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):
"The number of votes cast i	for the amendment(s) was/were sufficient for approval
by	- 77
	(voting group)
☐ The amendment(s) was/were ado action was not required.	pted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were ado action was not required.	pted by the incorporators without shareholder action and shareholder
Dated	ine 15, 2016
Signature	Heather Wells
	rector, president or other officer – if directors or officers have not been
	d, by an incorporator – if in the hands of a receiver, trustee, or other court
appoint	ed fiduciary by that fiduciary)
	Heather Rutledge
	(Typed or printed name of person signing)
	President
	(Title of person signing)