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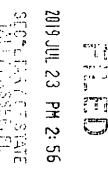
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COVER LETTER

Division of Corporations TROPIC MAINTENANCE SERVICES, INC. **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: ANCE SERVICES For further information concerning this matter, please call: Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: □ \$35 Filing Fee □\$43.75 Filing Fee & **□\$43.75** Filing Fee & \$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy

Mailing Address

TO: Amendment Section

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

is enclosed)

Articles of Amendment

to

Articles of Incorporation

of

TROPIC MAINTENANCE SERVICE	S. INC.		
(Name of Corporation as currently f	iled with the Florida Dept. of State)		
T160000 +1526			
(Document Number of C	orporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Flatis</i> its Articles of Incorporation:	orida Profit Corporation adopts the fo	llowing amend	iment(s) to
A. If amending name, enter the new name of the corporation:			
TROPIC CONCRETE SERV	ICES. INC.	The i	new
name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co word "chartered." "professional association," or the abbreviation "P	". A professional corporation name	the abbreviat must contain	tion the
B. Enter new principal office address, if applicable:			_
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	NIA		
	·		
C. Enter new mailing address, if applicable:	:	は第一 3	g E1
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	TA / / N	世皇	
	N	- 	— \$
		<u> </u>	7 5 7
D. If amending the registered agent and/or registered office address	s in Marida antar the name of the		-
new registered agent and/or the new registered office address:	s in Profita, enter the name of the	1 56 56	
Name of New Registered Agent	NIA	1.1	
Traine of the Medital Agent			
(Florida street	address)		
New Desires of Office Address	. Florida		
New Registered Office Address:(Ci	,	(Zip Code)	_
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with	h and accept the oblivations of the pos	sition.	
	pow		
Cinnatura CAL B	internal description of the control		
Signature of New Keg	istered 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 Doc	
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
l) Change			
Add			
Remove		/	
2) Change		_ <i>N/A</i>	
Add		,	
Remove		$\frac{1}{n}$	
3)Change		– <u>N/H</u>	
Add		1	
Remove		/	
4) Change		<i>N/A</i>	
Add			
Remove		,	
5) Change		-N/A	
Add			
Remove		/	
6) Change			
Add		,	
Remove			

Attach additional sheets, if necessar	Articles, enter change(s) here: ry). (Be specific)	
		
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	,	
		
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1 1 1 1		
f an amendment provides for an e	exchange, reclassification, or cancellation of issued shares,	
provisions for implementing the a	amendment if not contained in the amendment itself:	
(if not applicable, indicate N/A	4)	
	. 1	
	X/A	
	NA	
	NA	
	NA	
	N/A	

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file da	te)
Note: If the date inserted in this block does not meet the applicable statutory filing requirement document's effective date on the Department of State's records.	ents, this date will not 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 at by the shareholders was/were sufficient for approval.	mendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The follow must be separately provided for each voting group entitled to vote separately on the amendment.	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and action was not required.	I shareholder
The amendment(s) was/were adopted by the incorporators without shareholder action and sha action was not required.	reholder
Dated <u>07-16-2019</u>	
Signature Missell []	
(By a director, president or other officer - if directors or officers have	
selected, by an incorporator – if in the hands of a receiver, trustee, o appointed fiduciary by that fiduciary)	r other court
JUDE MATHUR	· / N
(Typed or printed name of person signing)	•
PRESIDENT	
(Title of person signing)	