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### **COVER LETTER**

Division of Corporations AMPA Construction, INC. NAME OF CORPORATION: **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Ampa Construction, Inc. 7810 Gall BIVD #414 Info @ +ampa - construction. Com
E-mail address: (to be used for future annual report notification) 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 Certificate of Status Certified Copy (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed)

## **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

# Articles of Amendment to Articles of Incorporation of

FILED SECRETARY OF STATE DIVISION OF CORPORATION:

2117 APR 28 PM 1:48

TAMPA Construc	fron Duc.	
(Name of Corpor	ration as currently filed with the	Florida Dept. of State)
7160	100077824	
(Do	cument Number of Corporation (if)	known)
Pursuant to the provisions of section 607.1006, Floits Articles of Incorporation:	orida Statutes, this Florida Profit Co	prporation adopts the following amendment(s)
A. If amending name, enter the new name of the	e corporation:	
		The new
name must be distinguishable and contain the was "Corp.," "Inc.," or Co.," or the designation "Coword "chartered," "professional association," or	orp," "Inc," or "Co". A professi	
B. Enter new principal office address, if applica	able:	
Principal office address <u>MUST BE A STREET A</u>	<u>IDDRESS</u> )	
	<del>- 1: - 1:</del>	
C. Enter new mailing address, if applicable:	Povi	
(Mailing address MAY BE A POST OFFICE	<u>BOX</u> )	
D. If amending the registered agent and/or reginer registered agent and/or the new registered agent and/or the new registered.		nter the name of the
Name of New Registered Agent		
<del></del>	(Florida street address)	<del></del>
	(rioriaa sireei aaaress)	
New Registered Office Address:	(City)	, Florida(Zip Code)
	(Cuy)	(Zip Code)
New Registered Agent's Signature, if changing I	Registered Agent:	
hereby accept the appointment as registered agen	nt. I am familiar with and accept th	ne obligations of the position.
	Signature of New Registered Agent.	if changing
ن.	ALLINOS SEL OUI LIVIT ALCEISICI CIE /12/C/11.	** *************

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> <u>Jol</u>	<u>shn Doe</u>	
X Remove	<u>V</u> <u>M</u> i	like Jones	
X Add	<u>SV</u> <u>Sa</u>	ally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	TTD	Jason Sullivan	7227 Pommel Place Zephyrhills, FL 33541
Add			Elphyrhills, FL 33541
Remove			
2) X Change	VPID	Joe Labourro	7326 Blue Beech D. Piverview, FL 33578
Add			Riverview, FL 33578
Remove			
3) Change			
Add			
Remove			<del></del>
4) Change	<u></u>		
Add			
Remove			
5) Change	<u></u>		
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
Change 90 of ownership For Jason D. Sullius
L 50%
46 3070
change % of ownership for Joe Labruzzo
to 50%
·
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:
(if not applicable, indicate N/A)
Change % of Ownership for Jason D. Silivan 2
50%
•
Change Pool ownership for doe Labruzzo +
= 21/ 10 00 10 10 10 10 10 10 10 10 10 10 10
2010

The date of each amendment(s) adoptio	n:	1/1/2017		, if other than the
date this document was signed.				
Effective date <u>if applicable</u> :				
	(no more than	n 90 days after amendment	file date)	
Note: If the date inserted in this block of document's effective date on the Department			uirements, this date wil	I not be listed as the
Adoption of Amendment(s)	(CHECK ONE)			
The amendment(s) was/were adopted by the shareholders was/were sufficien		The number of votes cast for	the amendment(s)	
☐ The amendment(s) was/were approved must be separately provided for each to				
"The number of votes cast for the	amendment(s) was/w	vere sufficient for approval		
by			n	
	(voting group)			
☐ The amendment(s) was/were adopted be action was not required.	y the board of directo	ors without shareholder action	on and shareholder	
☐ The amendment(s) was/were adopted be action was not required.	y the incorporators wi	ithout shareholder action ar	nd shareholder	
Dated 4 20	2017 m Xll	<del></del>		
(By a director		ficer - if directors or office		
	n incorporator – if in t uciary by that fiduciar	the hands of a receiver, trus	stee, or other court	
	lason Si	Ullivan		
	(Typed or printe	ed name of person signing)		
	Pre	sident		
	(Titl	e of person signing)		