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## **COVER LETTER**

TO: Amendment Section

Division of Corporations

Amendment Section

P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations

NAME OF CORPORATION: TAMOH CONSTRUCTION INC.  DOCUMENT NUMBER: PIGCO 77826			
The enclosed Articles of Amendment and fee are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
Jason Sullivan  Name of Contact Person  TAMPA Construction Duc.  Firm/ Company  7810 Gali Buro # 414			
Name of Contact Person			
TAMPA Construction, INC.			
Firm/ Company			
7070 CACC 51VD , 777			
Address  TAMPIA, FL 33541  City/ State and Zip Code			
- 1 AMPA, PC 33591			
City/ State and Zip Code			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
JASON Sullivan at (813) 3341-5950			
Name of Contact Person Area Code & Daytime Telephone Number			
Enclosed is a check for the following amount made payable to the Florida Department of State:			
\$35 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)  \$35 Filing Fee Certified Copy (Additional Copy is enclosed)			
Mailing Address Street Address			

Amendment Section

Clifton Building

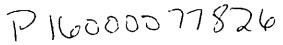
Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment

to

	Articles of Incorporation of	FILED
TAMPI	A Construction, INC	2017 JUL 13 PM 3: 13
(Name of Corp	oration as currently filed with the Florida Dept	
P1600007	7826	TALLADASSEE, FLORID
J)	Document Number of Corporation (if known)	2
Pursuant to the provisions of section 607.1006, F its Articles of Incorporation:	Torida Statutes, this <i>Florida Profit Corporation</i> ad	lopts the following amendment(s) to
A. If amending name, enter the new name of	the corporation:	
		The new
	e word "corporation," "company," or "incorpo "Corp," "Inc," or "Co". A professional corpora or the abbreviation "P.A."	orated" or the abbreviation
B. Enter new principal office address, if appli (Principal office address MUST BE A STREET		
C. Enter new mailing address, if applicable; (Mailing address MAY BE A POST OFFIC.)	<u>E BOX</u> )	
D. If amending the registered agent and/or re new registered agent and/or the new regist	gistered office address in Florida, enter the nam lered office address;	ne of the
Name of New Registered Agent		
	(Florida street address)	
	(1 to) the street addressy	
New Registered Office Address:	(City)	, Florida(Zip Code)
	(City)	(Zip Code)
New Registered Agent's Signature, if changing	g Registered Agent:	
	ent. I am familiar with and accept the obligations	s of the position.
<del></del>	Signature of New Registered Agent, if changing	<del></del>



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:

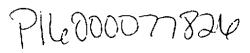
(Attach additional sheets, if necessary)

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	PT John Doe	
X Remove	<u>V</u> <u>Mike Jones</u>	
X Add	SV Sally Smith	
Type of Action (Check One)  1) Change Add Remove	Title Name V,T,5 Joe Labruzzo	Address 1326 Blue Beech Dr Liverview FL 33573
2) Change Add Remove		
3 ) Change Add Remove		
4) Change Add Remove		
5) Change Add Remove		
6) Change Add Remove		<del></del>



	al sheets, if necessary). (Be specific)			
<del></del>				
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If an amendme	nt provides for an exchange, reclassi	fication, or cancellation o	f issued shares,	
provisions for	implementing the amendment if not licable, indicate N/A)	contained in the amendm	ent itself:	
lease	Change or more	hip to 1	020/2 12	
1080h	change runces D. Sullivan	e flective	7/7/.7	
1000H	U. Suttivari	e rationist	(	
		· · · · · · · · · · · · · · · · · · ·		
		<u> </u>		

17 100000 11800	
The date of each amendment(s) adoption: 07 07 2017 late this document was signed.	_, if other than the
Effective date if applicable: 0107 2017	
(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 redocument's effective date on the Department of State's records.	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 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 (voting group)	
(voting group)	
☐ 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.	
Dated	
(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)	
Jason Silivan	
(Typed or printed name of person signing)	
Dosident	

(Title of person signing)