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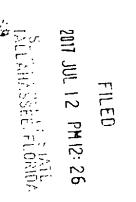
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Office Use Only



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C. GOLDEN JUL 1 4 2017

COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: MASG CONTRACTOR INC DOCUMENT NUMBER: P16000084143 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: MIGUEL A SABONGE-GUIFARRO Name of Contact Person MASG CONTRACTOR INC Firm/ Company 6500 TANGLE WOOD BAY DR APT 2009 Address ORLANDO FL 32821 City/ State and Zip Code MASGCONTRACTOR@YAHOO.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: MIGUEL A SABONGE-GUIFARRO 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

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

FILED

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MASG CONTRACTOR INC (Name of Corporation as currently filed with the Florida Dept. of State) The Line of Florida SSEE. FLORIDA P16000084143 - (4) (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." 6500 TANGLE WOOD BAY DR B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) APT 2009 ORLANDO FL 32821 C. Enter new mailing address, if applicable: 6500 TANGLE WOOD BAY DR (Mailing address MAY BE A POST OFFICE BOX) APT 2009 ORLANDO FL 32821 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

New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

(Florida street address)

(City)

6500 TANGLE WOOD BAY DR APT 2009 ORLAND(, Florida 32821

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>Addres</u> s |
| 1) Change | VP | ORTIZ. RAYMOND | 7425 MOLOKAI ST |
| X Add | | | ORLANDO FL 32822 |
| Remove | | | |
| 2) Change | | | |
| Add | | | |
| Remove | | | |
| 3) Change | | <u> </u> | |
| Add | | | |
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| 4) Change | | | |
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| 5) Change | | | |
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| 6) Change | | | |
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| If amending or adding additional Arti Attach additional sheets, if necessary). | (Be specific) | _ | | |
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| f an amendment provides for an exch | | | | |
| provisions for implementing the amer | idment if not contained | n the amendment its | elf: | |
| (if not applicable, indicate N/A) | | | | |
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| | 07/08/2017 | | |
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| The date of each amendment(s) date this document was signed. | adoption: | | _, if other than the |
| Effective date if applicable: | | | |
| | (no more than 90 de | ays after amendment file date) | |
| Note: If the date inserted in this document's effective date on the | | e statutory filing requirements, this date will | not be listed as the |
| Adoption of Amendment(s) | (<u>CHECK ONE</u>) | | |
| ☐ The amendment(s) was/were a by the shareholders was/were | | mber of votes east for the amendment(s) | |
| | pproved by the shareholders through or each voting group entitled to vote | h voting groups. The following statement e separately on the amendment(s): | |
| "The number of votes ca | st for the amendment(s) was/were su | ufficient for approval | |
| by | (voting group) | ·" | |
| | (voting group) | | |
| ☐ The amendment(s) was/were a action was not required. | dopted by the board of directors wit | hout shareholder action and shareholder | |
| The amendment(s) was/were a action was not required. | dopted by the incorporators without | shareholder action and shareholder | |
| 07/08/20 Dated | 17 | | |
| Signature | The state of other officer | - if directors or officers have not been | _ |
| selec | | ands of a receiver, trustee, or other court | |
| | MIGUEL A SABONGE-GUIFA | RRO | |
| | (Typed or printed name | ne of person signing) | |
| | PRESIDENT | | |
| | (Title of p | erson signing) | |