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1022 SEP 19 AM 8: 46

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COVER LETTER

'TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: HORMAC CONST	RUCTION GROUP INC		
DOCUMENT NUMB				
	of Amendment and fee are su	bmitted for filing.		
Please return all corres	pondence concerning this ma	tter to the following:		
	GUSTAVO N. PAVON			
•		Name of Contact Person	<u> </u>	
	HORMAC CONSTRUCTION	N GROUP INC		
		Firm/ Company	 	
	3218 E COLONIAL DRIVE	SUITE G		
		Address		
	ORLANDO FL 32803			
		City/ State and Zip Code	<u> </u>	
	pavon@hormac.us	sed for future annual report		
	E-man address. (to be us	sed for future annual report	nonneation)	
For further information	n concerning this matter, pleas	se call:		
GUSTAVO N. PAVO	N	at (<u>831</u>	673-0456	
Name of Contact Person		Area Code & Daytime Telephone Number		
Enclosed is a check for	r the following amount made	payable to the Florida Depa	artment of State:	
S35 Filing Fee	■S43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327		Street Address Amendment Section Division of Corporations The Centre of Tallahassee		

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

FILED

HORMAC CONSTRUCTION GROUP INC	2022 SEP 19 AM 8: 46
(Name of Corporation as currently	
P16000101124	SECRET WY UF STATE TALLAWASSEE, FL
(Document Number of C	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Fl</i> its Articles of Incorporation:	orida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation," "co "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	mpany," or "incorporated" or the abbreviation "Corp.," professional corporation name must contain the word
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 addre	ss in Florida, enter the name of the
new registered agent and/or the new registered office address:	
Name of New Registered Agent	
(Florida stree	t address)
New Registered Office Address:	. Florida
	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wi	th and accept the obligations of the position.
, , , , , , , , , , , , , , , , , , , ,	
6. 20 0	
Signature of New Reg	istered Agent, if changing

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e). F.S.

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)

Example:

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	PT	John Doc	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	V	MANUEL A. PAVON MANZO	1667 GENTLE BREEZE DR
X Add			SAINT CLOUD FL 34771
Remove			
2) Change	<u>S</u>	WALTER A. PAVON AVELLAN	3218 E COLONIAL DR 106
X Add			ORLANDO FL 32803
Remove 3) Remove			
Add			
Remove			
4) Change	4		
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	g additional Artiets, if necessary).					
						
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If an amendment pro provisions for imple	vides for an exch	ange, reclassific	cation, or cancel	lation of issued s	<u>hares,</u>	
DIDAMBIN OF DRIVE	nienting the ame	nument it not co	ontained in the a	menament risen	<u>•</u>	
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date this document wa	•	
mee at leastern	AUGUST 12, 2022	
Effective date <u>if app</u>	(no more than 90 days after amendment file date)	
	serted in this block does not meet the applicable statutory filing requirements, this d date on the Department of State's records.	ate will not be listed as the
Adoption of Amend	ment(s) (<u>CHECK ONE</u>)	
The amendment(s) action was not req) was/were adopted by the incorporators, or board of directors without shareholder act uired.	ion and shareholder
) was/were adopted by the shareholders. The number of votes cast for the amendmenters was/were sufficient for approval.	.(s)
	s) was/were approved by the shareholders through voting groups. The following staten ly provided for each voting group entitled to vote separately on the amendment(s):	ient
	er of votes cast for the amendment(s) was/were sufficient for approval	
bv	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
-	(voting group)	
Da	AUGUST 12, 2022	
	gnature Mantone Tonon.	
Sig	(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 con	
	appointed fiduciary by that fiduciary)	
	Gustavo N. Pavon (Typed or printed name of person signing)	
	(Typed or printed name of person signing)	
	Prosidente (Title of person signing)	
	(Title of person signing)	